



**State of California
PUBLIC UTILITIES COMMISSION**
Propane Operator's Annual Report
For the period _____ through _____

SED-11-201
Rev. Date: 1/2012

(Please read instructions on the back of this form before filling anything in)

Section 1. General Information

a) Mailing name and address:

b) Entity name and address:

E-mail: _____

E-mail _____

NOTE: If any pre-printed information is incorrect, please make corrections on the back of this form.

Section 2. Information Regarding System:

a) Number of units on propane system

Mobilehome	
RVs	
Apartments	
Condos	
Motels	
Homes	
Cabins	
Business	
Other	
Total	

b) Indicate the length in feet of the following pipeline materials in your propane distribution system:

Material	Length (ft.)
Coated Steel:	
Bare Steel:	
Polyethylene (PE):	
Polyvinyl Chloride (PVC):	
Above ground steel:	
Other:	

c) System pressure (p.s.i.) _____
d) Number of tanks in system _____

e) Is cathodic protection installed (y/n):
If yes, indicate type of cathodic protection:
Impressed: Sacrificial:
Number of Anodeless Risers:

f) Date propane system installed: _____
g) Date propane system expanded, modified, or replaced: _____

Section 3. Information Regarding Propane Leaks Found And Repaired

For Period: _____ **Through** _____

a) Indicate number of leaks **found** by cause, pipeline type, and grade in table

Cause of Leaks	Underground Pipeline												Above ground Steel	
	Cathodic Protected				Unprotected				PE		PVC			
	Bare Steel		Coated Steel		Bare Steel		Coated Steel		1	2	1	2		
Grade of Leaks →	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Outside Force														
Corrosion														
Material Defect														
Construction Defect														
Other														

b) Indicate number of leaks **repaired** by cause, pipeline type, and grade in table

Cause of Leaks	Underground Pipeline												Above ground Steel	
	Cathodic Protected				Unprotected				PE		PVC			
	Bare Steel		Coated Steel		Bare Steel		Coated Steel		1	2	1	2		
Grade of Leaks →	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Outside Force														
Corrosion														
Material Defect														
Construction Defect														
Other														

Section 4. Information Regarding Operation And Maintenance

a) Do you have a map of propane pipeline system? (y/n)

b) Do you have a written Operation and Maintenance Plan? (y/n)

c) Do you have a written Emergency Plan? (y/n)

d) Leak Survey Information:

Date of last leak survey: _____

Surveyor: _____

Phone: _____

e) Cathodic Protection (CP) Evaluation Information:

Date of last CP Evaluation: _____

If CP evaluator is same as leak surveyor, write "same".

Evaluator: _____

Phone: _____

Section 5. Information Regarding Property Owner And Propane Supplier (please update on back of form):

a) Owner name, address, and phone

b) Propane supplier name, address, and phone.

Section 6. Signature And Title:

Failure to accurately and truthfully complete this form may result in a violation of the Public Utilities Code 4454 and subject the operator to a fine.

Prepared By: _____

Title: _____

Phone: _____

Signature: _____

Date: _____

NOTE: Failure to complete and return this form to the CPUC by the due date, shown at the top of the form, may subject the owner/operator to regulatory action and a possible penalty of \$1,000/day for late filing (up to a maximum of \$200,000)(PU Code, Section 4457).

INSTRUCTIONS FOR COMPLETING THE PROPANE ANNUAL REPORT FORM (Form SED-11-201)

IF THE FORM IS RECEIVED BY MISTAKE, PLEASE STATE AND SIGN YOUR NAME AND PROVIDE A DAYTIME PHONE NUMBER IN WHICH YOU CAN BE REACHED IN SECTION 6. OF THE FORM. MAIL THE FORM BACK TO THE CALIFORNIA PUBLIC UTILITIES COMMISSION IN THE ENVELOPE PROVIDED.

NOTE: If you do not know the answers to any of the questions on the form, write "unknown" in the space provided.

Section 1. General Information

Review this section to ensure that the pre-printed information is correct. Correct all incorrect information. If any information is missing, please provide the necessary information in section 1. or in the spaces provided below.

a) Mail address of the system operator (whoever reads meters and sends the bills to the customers):

b) Entity name and address where the propane system is located:

Section 2. Information Regarding Propane System

Part a): Enter the number of units that are utilizing the propane gas distribution system plus all units where propane risers are located and the resident has the option of connecting to the system.

Part b): Provide the length in feet of the pipeline material(s) that are within your propane pipeline distribution system

Part c): Indicate the system pressure in pounds per square inch (psi).

Part d): Indicate the number of propane tanks in the system. Do not include individual cylinders.

Part e): Indicate if the propane system is cathodically protected "y" (Yes) or "n" (No). If yes, indicate if the cathodic protection is impressed, sacrificial, or both. Also indicate that number of anodeless risers in your propane system.

Parts f) and g): Provide the dates when the propane system was installed, expanded, modified, or replaced.

Section 3. Information Regarding Propane Leaks Found And Repaired

In the tables, enter the number of propane leaks found and repaired, by pipeline, cause, and grade of leak for the period defined in Section 3. If no leaks were found or repaired for the period indicated, do not write anything in Section 3. If a leak was due to some cause not listed on the form, please write in that cause next to the word "other" in the table.

Section 4. Information Regarding Operation And Maintenance

Parts a), b), and c): Indicate if you have a map of propane system, written Operation and Maintenance Plan, and written Emergency Plan with a "y" or "n" in the appropriate boxes.

Part d): Enter the date of your last gas leak survey and name and telephone number of the person or company that conducted the leak survey.

Part e): Enter the date of your last cathodic protection (CP) evaluation and name and telephone number of the person or company that conducted the last CP evaluation. If the person or company is the same as the leak surveyor, write "same" in spaces provided for name and telephone number of CP evaluator.

Section 5. Information Regarding Property Owner and Propane Supplier

Review this section to ensure that the pre-printed information is correct. Correct all incorrect information. If any information is missing, please provide the necessary information in Section 5 or in the spaces provided below.

a) Property owner name and address:

b) Propane supplier name and address:

Section 6. Signature And Title

This section is to be completed by the owner/operator, or a representative authorized by the owner/operator to complete the form. Provide a daytime telephone number and sign and date the form.

To Mail Form SED-11-201

After completing the form, make a copy of the form for your records. Send the original form to:

California Public Utilities Commission
Safety and Enforcement Division - Propane Program
505 Van Ness Avenue
San Francisco, CA 94102-3298

Thank you for your cooperation. If you have any questions regarding Form SED-11-201, please call (800) 755-1447.