Régie du bâtiment Québec

STATE OF THE GAS DISTRIBUTION SYSTEM

Report for fiscal year ending: _____

Name of the gas utility: _____

Address: _____

Postal code: _____ Telephone: _____

Prepared by: _____ Position: _____

A	MAINS (LENGTH IN KILOMETRES)			
Description by material	TOTAL	Current year		
		Construction		Deactivated
		Expansion	Replacement	
Bare steel				
Coated steel				
Aluminum				
Polyethylene (insertion)				
Polyethylene				
Other (specify)				
TOTAL				

B	SERVICES (NUMBER)			
Description by material	TOTAL	Current year		
		Construction		Deactivated
		Expansion	Replacement	
Bare steel				
Coated steel				
Copper				
Polyethylene (insertion)				
Polyethylene				
Other (specify)				
TOTAL				

C	CATHODIC PROTECTION		
	TOTAL	Current year	
		Construction	
		Expansion	Replacement
Mains (km)			
Services (number)			
Length protected by sacrificial anodes (km):		By rectifiers (km):	
Number of rectifiers:		Number of test points:	
% of steel system under adequate protection:			

Régie du bâtiment du Québec official form

1372(2003-04-03)

D	LEBGTH OF MAINS BY MATERIAL (kilometres)								
	Diameter (millimetres)								
	33.4 or less	Over 33.4 thru 60.3	Over 60.3 thru 114.3	Over 114.3 thru 219.1	Over 219.1 thru 323.9	Over 323.9 thru 508	Over 508 thru 762	Over 762	TOTAL
Bare steel									
Coated steel									
Aluminum									
Polyethylene (insertion)									
Polyethylene									
Other (specify)									
TOTAL									

E	NUMBER OF SERVICES BY MATERIAL						
	Diameter (millimetres)						
	21.3 or less	Over 21.3 thru 33.4	Over 33.4 thru 60.3	Over 60.3 thru 114.3	Over 114.3 thru 168.3	Over 168.3	TOTAL
Bare steel							
Coated steel							
Copper							
Polyethylene (insertion)							
Polyethylene							
Other (specify)							
TOTAL							

F

Operating pressure (kilopascals)	0 and 300	301 and 700	701 and 2000	2001 and 4000	4001 and 6000	6001 and over	TOTAL
Part of system operating between: (kilometres)							
Regulating stations with outlet pressure between: (number)							
Distribution and service line shut-off valves with operating pressure between: (number)							

G

Unaccounted for gas during last 5 fiscal years based on % of total input for each year excluding current year.

Year(s) ago	%
1	
2	
3	
4	
5	

H

Unaccounted for gas during past 12 months ending with current fiscal year.	%

I

Number of known system leaks at end of year scheduled for repair	Mains	
	Services	

J **NUMBER OF LEAKS REPARED DURING YEAR**

	Materials	Corrosion	Material failure	Damage by outside force	Construction defect	Other	Total
MAINS	Bare steel						
	Coated steel						
	Aluminum						
	Polyethylene (insertion)						
	Polyethylene						
	Other (specify)						
	SUB-TOTAL						
SERVICES	Bare steel						
	Coated steel						
	Copper						
	Polyethylene (insertion)						
	Polyethylene						
	Other (specify)						
	SUB-TOTAL						
	TOTAL						

K	LEAKS ON MAINS REPARED DURING YEAR (number)	
	Pipe	
	Valve	
	Fitting	
	Regulator	
	Tap connexion	
	Other	
	TOTAL	

L	LEAKS ON SERVICES REPARED DURING YEAR (number)	
	Pipe	
	Valve	
	Fitting	
	Regulator	
	Tap connexion	
	Other	
	TOTAL	

M				
Frequency of inspection of cathodically protected system	Frequency of inspection by type*			
	Pipe-soil potential	Rectifier	Remote reading	

N	LEAK SURVEYS	
	Operating pressure	Frequency
Mains	P operating <4800kPa - general	
	P operating <4800kPa - downtown	
	P operating ≥4800kPa	
Services	All	

*FREQUENCY CODES: 1 (weekly), 2 (bimonthly), 3 (monthly), 4 (quartely), 5 (semi-annually), 6 (annually), 7 (other-specify), 0 (no inspection)

0	GENERAL INFORMATION				
Number of services:	Residentials:	Commercial:	Industrial:	Total:	
Number of customers:	Residentials:	Commercial:	Industrial:	Total:	
Gas sold (10^6m^3):	Residentials:	Commercial:	Industrial:	Total:	
Total gas purchased (10^6m^3):		Self consumption (10^6m^3):			
Daily contractual demand (10^6m^3):			Since:		
Maximum hourly consumption in the year (10^6m^3):			Date:		
Minimum hourly consumption in the year (10^6m^3):			Date:		
Maximum daily consumption in the year (10^6m^3):			Date:		
Minimum daily consumption in the year (10^6m^3):			Date:		
Maximum monthly consumption in the year (10^6m^3):			Date:		
Minimum monthly consumption in the year (10^6m^3):			Date:		
Services unused for:	A: 1 year:	B: 2 years:	C: 3 years:	D: 4 years:	Total:
Service pipe not rising above ground level:					
Brand of odorant used:		Injection rate (kg / 10^6m^3):			
Quantity of odorant used annually (litres):		Number of customers per kilometre:			
Number of leaks per kilometre:		Number of municipalities supplied:			
Number of employees:	Management:	Executives:	Office employees:	Manual workers:	

P	COMMENTS

I hereby certify that the above information is accurate

_____ Signature

_____ Date