

# Benchmark

**MANAGEMENT GROUP, INC.**

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## Public Entity Application Gas Utility Questionnaire G

*Attach a copy of past three years D.O.T. reports*

**Legal Name of Public Entity:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

1. Advise if gas is:  produced, or  purchased and resold.
2. Does the entity own or operate a gas wellhead or pipeline? .....  Yes  No
3. Number of utility users: Industrial: \_\_\_\_\_ Commercial: \_\_\_\_\_ Residential: \_\_\_\_\_
4. Annual payroll (**less clerical**): \$ \_\_\_\_\_
5. Who is responsible for leakage survey? \_\_\_\_\_
6. Date of last complete leakage survey of distribution system? \_\_\_\_\_  
Frequency of such surveys? \_\_\_\_\_  
Business district: \_\_\_\_\_ Outside business district: \_\_\_\_\_
7. Describe briefly, procedure of leakage survey (i.e., how detected or discovered in meters, lines, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - a. Repair procedure? \_\_\_\_\_
  - b. Are surveys conducted on a planned basis? .....  Yes  No
8. What percentage of system is cathodically protected? ..... \_\_\_\_\_%
9. Date of last corrosion survey? \_\_\_\_\_ Conducted by: \_\_\_\_\_
10. Year original system installed? \_\_\_\_\_
11. Describe main service replacement program: \_\_\_\_\_  
\_\_\_\_\_
  - a. Are new lines hydrostatic or pressure tested? .....  Yes  No
  - b. Are records on file? .....  Yes  No
12. Who is gas purchased from? \_\_\_\_\_  
\_\_\_\_\_
13. Who is responsible for odorization? \_\_\_\_\_
  - a. Are records maintained? .....  Yes  No
  - b. Are monthly odorant level checks made? .....  Yes  No

c. Describe type of odorization system used: \_\_\_\_\_

14. Does gas system have high and low pressure warning devices? .....  Yes  No

If "yes," are devices constantly monitored? .....  Yes  No

a. Pressure records kept? .....  Yes  No

b. For how long? \_\_\_\_\_

15. Who installs main extensions?: \_\_\_\_\_

a. Who installs services? \_\_\_\_\_

b. If gas company personnel install mains and services, are welders certified? .....  Yes  No

c. Training practices: \_\_\_\_\_

d. Turn-on and turn-off procedures? .....  Yes  No

16. Does gas company maintain a distribution map? .....  Yes  No

Is it up-to-date? .....  Yes  No

17. Are regulating stations adequately fenced, housed, or otherwise secured? .....  Yes  No

18. Are there any liquefied natural gas (LNG) operations? .....  Yes  No

Type of container used to hold gas: \_\_\_\_\_

Does gas company participate in a local or statewide "call before digging" campaign? .....  Yes  No

19. Does gas company follow an established procedure at time customer meter is turned on? .....  Yes  No

Describe in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. Are meters removed or locked-up when gas is turned off? .....  Yes  No

22. Does Gas Company maintain a customer complaint log? .....  Yes  No

a. Number of years complaint record maintained? \_\_\_\_\_

b. Are leak complaints worked on same day received? .....  Yes  No

c. Customer complaint frequency? \_\_\_\_\_