Print Form

State of California
PUBLIC UTILITIES COMMISSION

Form MHP-1
8/2007

Mobilehome Park Operator's Annual Report

For the Period through

(Please read instructions on the back before filling out this form)

CPUC ID: HCD ID: Date Due:

Section 1. General Information:

a) Owner/Operator Name and Address

b) Mobilehome Park Name and Address

CA

Owner/Operator Phone:

Mobilehome Park Phone:

Owner/Operator E-Mail

Mobilehome Park E-Mail:

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

Section 2. Information Regarding Natural Gas System:

a) What material is the pipeline in your gas system made of? (Please check the appropriate boxes)

Coated Steel: Bare Steel:

Polyethylene (PE):

Polyvinyl Chloride (PVC):

Other (specify):

Total length of pipeline in feet:

b) System pressure (p.s.i.)

c) Is cathodic protection installed (y/n):

If yes, indicate the type:

Impressed: Sacrificial:

d Date gas system installed:

e) Date gas system expanded, replaced, or modified:

Section 3. Information Regarding Natural Gas Leaks

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							
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							
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 the 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 Name:

Surveyor Phone:

e): Cathodic Protection (CP) information:

Date of last CP evaluation:

If same as leak surveyor, write "same".

Evaluator Name:

Evaluator Phone:

Section 5. Signature And Title:

Failure to accurately and truthfully complete this form may result in a violation of the Public Utilities Code 4354 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 4357.

INSTRUCTIONS FOR COMPLETING THE MHP ANNUAL REPORT FORM (Form MHP-1)

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 5. OF THIS FORM. THEN PLEASE MAIL THE FORM BACK TO THE CALIFORNIA PUBLIC UTILITIES COMMISSION.

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

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) Operator Mail address:	b) Entity (Park) name and address:

Please provide the e-mail addresses of the mobilehome park and owner/operator on Form MHP-1 in the boxes provided. The e-mail address will be used to contact interested parties for mobilehome park seminars, changes in the gas safety code, and other gas safety matters.

Section 2. Information Regarding Natrual Gas System

Part a): Indicate the type of material(s) your master meter natural gas distribution system (pipeline) is made of by checking the appropriate boxes. Indicate the total length of pipeline in your system in feet.

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

Part c): Indicate if gas system is cathodically protected "y" (Yes) or "n" (No). If yes, indicate if the cathodic protection is impressed, sacrificial, or both.

Parts d and e): Provide the dates when the pipeline system was installed, expanded, replaced, or modified.

Section 3. Information Regarding Natural Gas Leaks

In the tables, enter the number of gas 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 the pipeline 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. Signature And Title

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

To Mail Form MHP-1

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

California Public Utilities Commission
Consumer Protection and Safety Division - Form MHP-1
505 Van Ness Avenue
San Francisco, CA 94102-3298

Thank you for your cooperation. If you have any questions regarding Form MHP-1, please call (800) 755-1447.