| massdep_logo_bw | Massachusetts Department of Environmental Protection  Bureau of Air & Waste  Annual Methane Emissions Reporting Form for Gas Operators under 310 CMR 7.73 | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A. Basic Information | | | | | | | | | | | |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.  keys | **Gas Operator/Organization Information:** | | | | | | | | | | | |
|  | Company/Organization Name | | | | | | | | | | | |
|  | Mailing Address | | | | | | | | | | | |
|  | City/Town | | | | State | | | | | | ZIP Code | |
|  | Physical Address | | | | | | | | | | | |
|  | City/Town | | | | State | | | | | | ZIP Code | |
|  | **Location of Physical Records and Documents:** | | | | | | | | | | | |
|  | Physical Address | | | | | | | | | | | |
|  | City/Town | | | | State | | | | | | ZIP Code | |
|  | **Gas Operator Designated Representative:** | | | | | | | | | | | |
|  | Contact Name | | | | | | | | Contact Title | | | |
|  | Mailing Address | | | | | | | | | | | |
|  | City/Town | | | State | | | | | | ZIP Code | | |
|  | Telephone Number | | | Email Address | | | | | |  | | |
|  | **Alternate Contact (optional):** | | | | | | | | | | | |
|  | Contact Name | | | | | | | Contact Title | | | | |
|  | Mailing Address | | | | | | | | | | | |
|  | City/Town | | | State | | | | | | ZIP Code | | |
|  | Telephone Number | | | Email Address | | | | | |  | | |
|  |  | | | | | | | | | | | |
| **Notes:**  • Report is due April 15 after each calendar year. The first report is for 2018 and is due April 15, 2019. | B. Emissions Reporting Year | | | | | | | | | | | |
|  |  | **Emissions Reporting Year** | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | C. Annual Miles of Mains, Services, and Emissions | | | | | | | | | | | |
|  |  | | **Mains** | | | **Actual Miles (PHMSA)** | | | | | | **Emissions (metric tons CO2e)** |
| **Notes:**  • **Actual Miles and Services** as reported to PHMSA and entered in the blue boxes on the gas operator’s reporting spreadsheet that must be submitted with this form.  • **Emissions** as calculated in the green boxes on the gas operator’s reporting spreadsheet that must be submitted with this form.  • **Emissions should be rounded to whole numbers**. |  | | **Steel** Cathodically Unprotected and Uncoated | | |  | | | | | |  |
|  |  | | **Steel** Cathodically Unprotected and Coated | | |  | | | | | |  |
|  |  | | **Steel** Cathodically Protected and Uncoated | | |  | | | | | |  |
|  |  | | **Steel** Cathodically Protected and Coated | | |  | | | | | |  |
|  |  | | **Plastic** | | |  | | | | | |  |
|  |  | | **Cast or Wrought Iron** | | |  | | | | | |  |
|  |  | | **Ductile Iron** | | |  | | | | | |  |
|  |  | | **Copper** | | |  | | | | | |  |
|  |  | | **Other** | | |  | | | | | |  |
|  |  | | **Services** | | | **Actual Services (PHMSA)** | | | | | | **Emissions (metric tons CO2e)** |
|  |  | | **Steel** Cathodically Unprotected and Uncoated | | |  | | | | | |  |
|  |  | | **Steel** Cathodically Unprotected and Coated | | |  | | | | | |  |
|  |  | | **Steel** Cathodically Protected and Uncoated | | |  | | | | | |  |
|  |  | | **Steel** Cathodically Protected and Coated | | |  | | | | | |  |
|  |  | | **Plastic** | | |  | | | | | |  |
|  |  | | **Cast or Wrought Iron** | | |  | | | | | |  |
|  |  | | **Ductile Iron** | | |  | | | | | |  |
|  |  | | **Copper** | | |  | | | | | |  |
|  |  | | **Other** | | |  | | | | | |  |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | **D. Certification Statement** | | | | | | | | | | | |
| **Note:** The authorized signature of a designated representative of the gas operator is required by 310 CMR 7.73(5)(b)8. | “I certify that I have personally examined the report for this facility and am familiar with the information contained in that report and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.” | | | | | | Authorized Signature | | | | | |
|  |  | | | | | | Printed Name | | | | | |
|  |  | | | | | | Title | | | | | |
|  |  | | | | | | Date Signed (MM/DD/YYYY) | | | | | |
|  |  | | | | | | Source of Signatory Authority:  If a Corporation:  President  Secretary  Treasurer  Vice President (if authorized by corporate vote)  Representative of the above (if authorized by corporate vote and if responsible for overall operation of the facility) | | | | | |