NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a exceed 100,000 for each violation for each day that such violation persists except the penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.	OMB NO: 2137-0629 EXPIRATION DATE: 5/31/2018	
	Initial Date Submitted:	02/18/2016
U.S Department of Transportation Pipeline and Hazardous Materials Safety Administration	Form Type:	INITIAL
The state of the s	Date Submitted:	
ANNUAL	REPORT FOR	

CALENDAR YEAR 2015 GAS DISTRIBUTION SYSTEM

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0629. Public reporting for this collection of information is estimated to be approximately 16 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at

1. Name of Operator	NORTHERN NATURAL GAS CO
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)	
2a. Street Address	1111 South 103rd Street OMA243
2b. City and County	Omaha
2c. State	. NE
2d. Zip Code	68124
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER	13750
4. HEADQUARTERS NAME & ADDRESS	
4a. Street Address	1111 SOUTH 103RD STREET
4b. City and County	ОМАНА
4c. State	NE
4d. Zip Code	68124
5. STATE IN WHICH SYSTEM OPERATES	(SD)
6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY complete the report for that Commodity Group. File a separate report	GROUP (Select Commodity Group based on the predominant gas carried and t for each Commodity Group included in this OPID.)
Natural Gas	
7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPE included in this OPID for which this report is being submitted.):	RATOR (Select Type of Operator based on the structure of the company
Investor Owned	

1.GENERAL	
I.GENERAL	_

		STI	EEL								
	UNPRO	TECTED	CATHODICALLY PROTECTED		PLASTIC	CAST/ WROUGHT	DUCTILE	COPPER	OTHER	RECONDITION ED	SYSTEM TOTAL
	BARE	COATED	BARE	COATED		IRON	, men			CAST IRON	TOTAL
MILES OF MAIN	0	0	0	0	0	0	0	0	0	1	0
NO. OF SERVICES	0	219	0	0	0	0	0	0	0		219

MILES OF MAI	NS IN SYSTEM AT EN	D O: TEAK					
MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"	SYSTEM TOTALS
STEEL	0	0	0	0	0	0	0.00
DUCTILE IRON	0	0	0	0	0	0	0.00
COPPER	0	0	0	0	0	0	0.00
CAST/WROUGH IRON	т 0	0	0	. 0	0	0	0.00
PLASTIC PVC	0	0	0	0	0	0	0.00
PLASTIC PE	0	0	0	0	0	0	0.00
PLASTIC ABS	0	0	0	0	0	0	0.00
PLASTIC OTHE	R 0	0	0	0	0	D	0.00
OTHER	0	0	0	0	0	0	0.00
RECONDITIONE CAST IRON	D .0	0	0	0	. 0	0	0.00
TOTAL	0.00	0.00	0.00	0.00	. 0.00	0.00	0.00
Describe Othe	r Matorial:						
	i inatgriai.		······································			·	
	ERVICES IN SYSTEM	AT END OF YEAR			AVERAGE SERVICE L		
		AT END OF YEAR	OVER 1" THRU 2"	OVER 2" THRU 4"	AVERAGE SERVICE L OVER 4" THRU 8"		SYSTEM TOTALS
3.NUMBER OF S	ERVICES IN SYSTEM A		OVER 1"	OVER 2"	OVER 4"	ENGTH: 2	
3.NUMBER OF S	ERVICES IN SYSTEM A	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	ENGTH: 2 OVER 8"	TOTALS
3.NUMBER OF S MATERIAL STEEL	ERVICES IN SYSTEM A	1" OR LESS	OVER 1" THRU 2" 219	OVER 2" THRU 4"	OVER 4" THRU 8"	ENGTH: 2 OVER 8"	TOTALS 219
3.NUMBER OF S MATERIAL STEEL DUCTILE IRON COPPER	UNKNOWN 0 0 0	1" OR LESS 0	OVER 1" THRU 2" 219	OVER 2" THRU 4" 0	OVER 4" THRU 8" 0	ENGTH: 2 OVER 8" 0	219 0
S.NUMBER OF S MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH	UNKNOWN O O T O	1" OR LESS 0 0 0	OVER 1" THRU 2" 219 0	OVER 2" THRU 4" 0 0	OVER 4" THRU 8" 0 0	OVER 8" 0 0 0	0 0
3.NUMBER OF \$ MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH IRON	UNKNOWN O O T O	0 0 0 0	OVER 1" THRU 2" 219 0 0	OVER 2" THRU 4" 0 0 0	OVER 4" THRU 8" 0 0 0	OVER 8" 0 0 0 0	0 0 0
3.NUMBER OF S MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH IRON PLASTIC PVC	UNKNOWN O O T O O	0 0 0 0 0	OVER 1" THRU 2" 219 0 0 0 0	OVER 2" THRU 4" 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0	OVER 8" 0 0 0 0 0	0 0 0
3.NUMBER OF S MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH IRON PLASTIC PVC PLASTIC PE	UNKNOWN O O O O O O O O	0 0 0 0 0	OVER 1" THRU 2" 219 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0	0 0 0 0
3.NUMBER OF S MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH IRON PLASTIC PVC PLASTIC PE	UNKNOWN O O O O O O O O	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 1" THRU 2" 219 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B.NUMBER OF S MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER	UNKNOWN O O O O O O O O O O O O O O O O O	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 1" THRU 2" 219 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
B.NUMBER OF S MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH IRON PLASTIC PVC PLASTIC PE PLASTIC ABS PLASTIC OTHER COTHER	UNKNOWN O O O O O O O O O O O O O	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 1" THRU 2" 219 0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH IRON PLASTIC PVC PLASTIC PE PLASTIC OTHE OTHER RECONDITIONE CAST IRON TOTAL	UNKNOWN O O O O O O O O O O O O O O O O O	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 1" THRU 2" 219 0 0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
MATERIAL STEEL DUCTILE IRON COPPER CAST/WROUGH IRON PLASTIC PVC PLASTIC PE PLASTIC OTHER OTHER CAST IRON TOTAL Describe Othe	UNKNOWN O O O O O O O O O O O O O O O O O	1" OR LESS 0 0 0 0 0 0 0 0 0 0 0 0	OVER 1" THRU 2" 219 0 0 0 0 0 0 0 0 0	OVER 2" THRU 4" 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 4" THRU 8" 0 0 0 0 0 0 0 0 0 0 0 0 0	OVER 8" 0 0 0 0 0 0 0 0 0 0 0 0 0	TOTALS 219 0 0 0 0 0 0 0 219

MILES OF MAIN	0	0	: · o	0	0	0	0	0	.0	0	0		
NUMBER OF	219	0	0	0	0.	0	0	0	0	0	219		
SERVICES PARTIC - TO	TAL LEAKS	AND HAZ	ARDOUS LE	AKS ELIMIN	NATED/RER/	AIRED DURII	IG THEYEA	VŘ					
41.46.46.20									OFD. (OF	-0			
CAUSE OF LEAK				MAINS TOTAL HAZARDOUS					SERVICES TOTAL HAZARDOUS				
CORROSION FAILURE						HAZARDOUS TOTAL HAZARDOUS							
NATURA	AL FORCE DA	AMAGE											
EXCAVATION DAMAGE													
OTHER	OUTSIDE FO	ORCE											
PIPE, WEL	D OR JOINT	FAILURE											
EQUI	PMENT FAIL	URE						 ,					
INCORF	RECT OPERA	TIONS									·		
0	THER CAUSE	<u> </u>			·					· · · · · · · · · · · · · · · · · · ·			
NUMBER OF	KNOWN SYS	TEM LEAKS	AT END OF	YEAR SCHED	ULED FOR RE	PAIR: 0	A11-41-08 ACA-A1-31-07		out the second control of the last	-awisa wi tanggaran da ka	Think think Star we call to		
ART D - EX	CAVATION	DAMAGE				PART E'EX	CESS FLOW	/VALUE(ER	V) DATA		Ď,		
. TOTAL NU	JMBER OF E	XCAVATIC	N DAMAGE	S BY APPAR	RENT	NUMBER OF			S CALENDE	R YEAR ON	SINGLE		
. One-Call	Notification P	ractices No	t Sufficient:	0	,	ESTIMATED	NUMBER (OF EFV'S IN					
Locating I	Practices Not	Sufficient:	0			THE SYSTI	EM AT THE	END OF YEA	AR: <u>0</u>				
. Excavatio	n Practices N	ot Sufficien	nt: 0										
I. Other: 0				-									
. NUMBER	OF EXCAVAT	TION TICK	ETS : 0										
ART F - LE	AKS ON FEE	ERAL LAI	VD :		i i	PART/G-PE	RCENT OF	UNACCOUN	TED FOR G	AS.	As and the second		
OTAL NUM	BER OF LEA O TO REPAIR	KS ON FEI		D REPAIRED	OR	UNACCOUUNTED FOR GAS AS A PERCENT OF TOTAL INPUT FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR.							
						INPUT FOR YEAR ENDING 6/30:0%							
ART HEAD	DITIONALIN	FORMAT	ON"										
Northern is a part 192 to a transmission	nticipating the dd a new §19 , gathering, or lagement Pro-	proposed 2.740 to co production	rulemaking (over regulator n pipeline (i.e	rs and overpr	essure prote	ction equipme	ent for an ind	lividual servic	e line that or	iginates from	а		
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								•					

John Gormley,operator (Preparer's Name and Title)	(402) 398-7494 (Area Code and Telephone Number)
john.gormley@nngco.com (Preparer's email address)	(Area Code and Facsimile Number)