U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	YE	RT FOR CALEND AR 2024 BUTION SYSTEM	Initial Date Submitted: AR Report Submission Type	03/13/2025 INITIAL				
			Date Submitted:					
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 20 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 <a href="http://www.phmsa.dot.gov/pipeline/library/forms.">http://www.phmsa.dot.gov/pipeline/library/forms.</a>								
PART A - OPERATOR INFORMATION	(DOT use only)	20	0251112-72495					

1. Name of Operator	SOUTHWEST GAS CORP				
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)					
2a. Street Address	8360 S. Durango Drive				
2b. City and County	LAS VEGAS				
2c. State	NV				
2d. Zip Code	89113				
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER 18536					
4. HEADQUARTERS NAME & ADDRESS					
4a. Street Address	8360 S. Durango Drive				
4b. City and County	LAS VEGAS				
4c. State	NV				
4d. Zip Code	89113				
5. STATE IN WHICH SYSTEM OPERATES	CA				
6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY Of complete the report for that Commodity Group. File a separate report	<b>GROUP</b> (Select Commodity Group based on the predominant gas carried and for each Commodity Group included in this OPID.)				

Natural Gas

7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERATOR (Select Type of Operator based on the structure of the company included in this OPID for which this report is being submitted.):

Investor Owned

## **PART B - SYSTEM DESCRIPTION**

1.GENERAL STEEL UNPROTECTED CATHODICALLY PLASTIC CAST/ DUCTILE COPPER OTHER RECONDITION SYSTEM WROUGHT IRON ED TOTAL PROTECTED IRON CAST IRON BARE COATED BARE COATED MILES OF 505.511 2751.277 0 0 0 0 0 3256.788 MAIN NO. OF 7661 180698 0 0 0 0 0 188359 SERVICES

NOTICE: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty OMB No. 2137-0629 as provided in 49 USC 60122.

OMB NO: 2137-0629 EXPIRATION DATE: 6/30/2026

## 2. MILES OF MAINS IN SYSTEM AT END OF YEAR

MATERIA	NL	UNKNOWN	2" OF	LESS	OVER 2" THRU 4"			ER 4" RU 8"	OVEF THRU		OVER 12"	' SYSTEM TOTAL		M TOTALS	
STEEL		0	118.093		177.67		32.223		20.756		6.769		505.511		
DUCTILE IF	RON	0	0	(	0	0			0		0	0			
COPPER	र	0	0		0	0			0		0	0			
CAST/WROL IRON	JGHT	0	0	1	0	0			0		0		0		
PLASTIC P	vc	0	0.017		0	0			0		0		0.017		
PLASTIC	PE	0	2308.233	:	378.665	64	4.362		0		0	2751.26		δ	
PLASTIC A	BS	0	0	(	0	0			0		)		0		
PLASTIC OT	HER	0	0	(	0		0		0 0		)		0		
OTHER		0	0		0 0			0 0		0			0		
RECONDITIC CAST IRC		0	0		0	0			0		0		0		
TOTAL		0	2426.343	:	556.335	24	46.585		20.756		6.769		3256.788		
Descri	be Other	Material:	iterial:												
3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR					AVERAGE SERVICE LENGTH: 73										
MATERIAL		UNKNOWN	1" OF	LESS	OVER 1" THRU 2"			ER 2" RU 4"	OVEF THRU		OVER 8" SYSTEM TOT				
STEEL	0		7613	:	30	14	4		4		0	7661			
DUCTILE IRC	<b>NN</b> 0		0		0	0			0		0	0			
COPPER	0		0		0		0 0		0		0		0		
CAST/WROU IRON	GHT 0		0		0	0			0		0		0		
PLASTIC PV	<b>c</b> 0		0		0		0		0 0		)		0		
PLASTIC PE	0		179076		1605		17		0	0 0			180698		
PLASTIC AB	<b>s</b> 0		0		0		0		0 0		0		0		
PLASTIC OTI	HER 0		0		0	0	0		0 0				0		
OTHER	0		0		0	0		0			0		0		
RECONDITIO CAST IRON	NED 0		0		0	0	0		0 0		1		0		
TOTAL	0		186689	86689 1635		3	31		4		0			188359	
Describe Other Material:															
4.MILES OF N	MAIN AND	NUMBER OF	SERVICES B	Y DECADE	OF INSTALLA	TION									
	UNKNOW	N PRE-1940	1940-1949	1950-1959	1960-1969	1970-19	79 1	980-1989	1990-1999	2000-200	9 2010-2019	2020	-2029	TOTAL	
MILES OF MAIN	80.14	0	0.005	80.136	66.772	194.532	4	58.754	594.512	1008.548	525.056	248.3	333	3256.788	
NUMBER OF SERVICES	6500	0	0	28	411	6764	2	9773	33593	65388	25468	2043	4	188359	

CAUSE OF LEAK	M	AINS	SERVICES		
	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS	
CORROSION FAILURE	2	1	0	0	
NATURAL FORCE DAMAGE	0	0	3	2	
EXCAVATION DAMAGE	11	11	72	72	
OTHER OUTSIDE FORCE DAMAGE	1	1	31	22	
PIPE, WELD OR JOINT FAILURE	6	2	27	5	

Form PHMSA F 7100.1-1 (rev 6-2023)

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EQUIPMENT FAILURE	5		0	328		8			
INCORRECT OPERATIONS	18		1	8		3			
OTHER CAUSE	0		0	0	0				
NUMBER OF KNOWN SYSTEM LEAKS AT EN NUMBER OF HAZARDOUS LEAKS INVOLVI									
PART D – EXCAVATION DAMAGE			-						
Notification	42	Location Issue Sub-Total							
No notification made to the One-Call Cente	r/811	38	Facility not marked	Facility not marked due to Abandoned facility					
Excavator dug outside area described on ti	cket	0	Facility not marked due to Incorrect facility records/maps						
Excavator dug prior to valid start date/time	3	Facility not marked due to Locator error							
Excavator dug after valid ticket expired	1	Facility not marked due to No response from operator/contract locator							
Excavator provided incorrect notification inf	0	Facility not marked due to Incomplete marks at damage location							
			Facility not marked	due to Tracer wire issue		0			
Excavation	37	Facility not marked	due to Unlocatable Facility		0				
Excavator dug prior to verifying marks by te	15	Facility marked inaccurately due to Abandoned facility							
Excavator failed to maintain clearance after	6	Facility marked inaccurately due to Incorrect facility records/maps							
Excavator failed to protect/shore/support fa	8	Facility marked inaccurately due to Locator error			2				
Improper backfilling practices	0	Facility marked inac	ccurately due to Tracer wire	ssue	0				
Marks faded or not maintained		1							
Improper excavation practice not listed abo	ve	7	-						
Miscellaneous Root C	auses Sub-Total	7							
Deteriorated facility		0	]						
One Call Center Error		0	]						
Previous damage		6	1. Total Excavation Damages						
Root Cause not listed	1	2. Number of Exca	vation Tickets		53633				

PART E – RESERVED	
PART F - LEAKS ON FEDERAL LAND	PART G – PERCENT OF UNACCOUNTED FOR GAS
TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: 0	UNACCOUNTED FOR GAS AS A PERCENT OF TOTAL CONSUMPTION FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR.
	[(PURCHASED GAS + PRODUCED GAS) MINUS (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS)] DIVIDED BY (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS) TIMES 100 EQUALS PERCENT UNACCOUNTED FOR.
	FOR YEAR ENDING 6/30: <u>1.97%</u>
PART H - ADDITIONAL INFORMATION	
PART I - PREPARER	
Alyse Baker Administrator/Compliance	<u>(702) 364-3272</u>
(Preparer's Name and Title)	(Area Code and Telephone Number)
alyse.baker@swgas.com	(702) 876-4238
(Preparer's email address)	(Area Code and Facsimile Number)