NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed 100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.	OMB NO: 2137-0522 EXPIRATION DATE: 8/31/2020	

U.S Department of Transportation
Pipeline and Hazardous Materials Safety Administration

	Original Report Date:	09/17/2018
	No.	20180085- 30944
		--- (DOT Use Only)

INCIDENT REPORT - 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 2137-0522. All responses to this collection of information are mandatory. Send comments regarding the burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

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 http://www.phmsa.dot.gov/pipeline/library/forms.

PART A - KEY REPORT INFORMATION

Report Type: *(select all that apply)*	Original: Yes	Supplemental:	Final:
Last Revision Date			
1. Operator's OPS-issued Operator Identification Number (OPID):	792		
2. Name of Operator	ATLANTA GAS LIGHT CO		
3. Address of Operator:			
3a. Street Address	10 PEACHTREE PLACE NE		
3b. City	ATLANTA		
3c. State	Georgia		
3d. Zip Code	30309		
4. Local time *(24-hr clock)* and date of the Incident:	08/17/2018 12:15		
5. Location of Incident:			
5a. Street Address or location description	23 E. Dame Avenue		
5b. City	Homerville		
5c. County or Parish	Clinch		
5d. State:	Georgia		
5e. Zip Code:	31634		
5f. Latitude:	31.036907		
Longitude:	-82.74689		
6. National Response Center Report Number:	1221854		
7. Local time *(24-hr clock)* and date of initial telephonic report to the National Response Center:	08/17/2018 15:26		
8. Incident resulted from:	Unintentional release of gas		
9. Gas released:	Natural Gas		
- Other Gas Released Name:			
10. Estimated volume of gas released - Thousand Cubic Feet (MCF):	9.190		
11. Were there fatalities?	No		
- If Yes, specify the number in each category:			
11a. Operator employees			
11b. Contractor employees working for the Operator			
11c. Non-Operator emergency responders			
11d. Workers working on the right-of-way, but NOT associated with this Operator			
11e. General public			
11f. Total fatalities (sum of above)			
12. Were there injuries requiring inpatient hospitalization?	Yes		
- If Yes, specify the number in each category:			
12a. Operator employees	0		
12b. Contractor employees working for the Operator	0		
12c. Non-Operator emergency responders	0		
12d. Workers working on the right-of-way, but NOT associated with this Operator	0		
12e. General public	3		
12f. Total injuries (sum of above)	3		
13. Was the pipeline/facility shut down due to the incident?	No		
- If No, Explain:	Damage occurred near end of main.		
- If Yes, complete Questions 13a and 13b: *(use local time, 24-hr clock)*			

> Please confirm these injuries involved in-patient overnight hospitalization.

Form PHMSA F 7100.1

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