

* 1. Has your utility evaluated the use of and/or implemented any of the following technologies? (check all that apply)

- Trenchless installation (e.g. horizontal boring)
- SCADA and/or telemetry
- Meter changeout program/schedule (or equivalent program for ensuring meter accuracy)
- Geographic Information system (GIS)/Digital mapping
- Natural Gas Vehicle Program
- Automatic Meter Reading (AMR) or /Advanced Metering Infrastructure (AMI)
- Mobile workforce technology
- Mobile leak detection
- Other technologies

Other technology (please specify)

* 2. Does your utility have a documented capital improvement plan?

- Yes
- No

* 3. Does your utility have a formal written program for reviewing inspection and maintenance records to determine the need to replace any portion of your distribution system?

Yes

No

* 4. Does your system utilize a network modeling program (e.g. Gasworks, Synergee, etc.)?

No

Gasworks

Synergee

Other (please specify)

* 5. Does your utility have an annual planning review/budgeting process?

Yes

No

* 6. How often does your utility review rates charged to customers for gas service?

At least once per year

At least once every 2 years

At least once every 3 years

At least once every 4 years

At least once every 5 years

Greater than 5 years.

We have no fixed schedule

* 7. Is your utility a member of the APGA Research Foundation?

Yes

No

* 8. Does your utility participate in any other research and development programs other than the APGA Research Foundation? (Please describe)

9. Please describe any other programs your utility uses to keep abreast of current technology for gas distribution.

* 10. Does your utility have programs to educate customers about the benefits of natural gas and new technologies? Please describe.

11. Does your utility offer rebates or other incentives for customers to use new technologies? Check all that apply.

- High efficiency furnaces
- High efficiency water heaters
- Natural gas vehicles
- Combined heat and power (CHP)

Other programs to retain or increase load (please specify)

12. Is there anything else that demonstrates your utility's commitment to operational excellence in the area of system improvement that you would like the SOAR reviewers to consider?

*** 13. System applying for SOAR**

System name

Street Address

City

State

Zip Code

*** 14. Person completing survey**

Name

Contact phone #

email address