NOTIFICATION TO CUSTOMERS

1. "Customer-owned service lines" consist of buried piping downstream of the gas meter beyond the entry of the first building, or if the customer's buried piping does not enter a building, up to the principal gas utilization equipment or gas burning appliances.
2. The City of Port Aransas Gas Department does not monitor or repair the customer-owned metallic service line for corrosion according to Title 49, Code of Federal Regulation §192.465, or survey the customer-owned service line for leaks according to Title 49, Code of Federal Regulation §192.723.
3. If a leak is found, The City of Port Aransas Gas Department will shut off the flow of gas, lock, install a blind disk or remove the meter and advise the customer of the need to repair the unsafe condition.
4. To comply with Title 49, Code of Federal Regulation §192.16, The City of Port Aransas Gas Department has provided the following information:
   a. To report a gas leak or any other gas emergency please call 24 hours a day 7 days a week:
      - Our normal days and times of operation are Mon. through Fri. 8am through 12pm and 1pm through 5pm you may call 361-749-4111.
      - After hours please call 361-749-6244
      - Emergencies please 911
   b. The City Port Aransas Gas Department does not maintain the customer-owned service line. It is the responsibility of the customer to maintain the piping beyond the meter.
   c. The customer-owned service line is subject to corrosion and/or leakage and should be periodically inspected for leaks and corrosion below and above ground.
   d. A licensed plumber, heating contractor or corrosion control specialist can assist in locating, inspecting, maintaining and repairing the customer-owned service line.
   e. Call 811 - 48 hours in advance of excavating. If you are near a buried gas line excavation should be done by hand to prevent damage.

Confirmation

I _____ have read and received a copy of this notification and understand its contents in full.

_____   _____
Customer Signature   Today's Date

For office use only:

Account No._____ Representative: _____