

2005 Residential Energy Consumption Survey

Sponsored by the Energy Information Administration U.S. Department of Energy Washington, DC 20585

Form EIA-457D (2005) – Household Propane (Bottled Gas or LPG) Usage Form OMB No. 1905-0092, Expiring May 31, 2008

above.

Household Propane (Bottled Gas or LPG) Usage Form

Service Address:

STEP 1	If the customer account number is not shown on the label, please enter it here.
	Customer Account:////////
STEP 2	Now, please turn the page and answer the seven questions for the household identified

Completed forms are due by March 4, 2006. If you have any questions, please call (toll-free) 1-NNN-NNN-NNNN. Ask for the Supplier Survey Specialist.

This report is mandatory under Public Law 93-275, as amended. See the enclosed *Answers to Frequently Asked Questions* for more details concerning confidentiality and sanctions.

STEP 3 Use the enclosed self-addressed envelope and return the completed form to:

U.S. Department of Energy c/o The Contractor Contractor's Street Address Contractor's City, State, and ZIP Code

Or you may FAX the completed form to The Contractor at (NNN) NNN-NNNN.

Title 18 U.S.C. 1001 makes it a criminal offense for any person knowingly and willingly to make to any Agency or Department of the United States any false, fictitious, or fraudulent statements as to any matter within its jurisdiction.

Public reporting burden for this form is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data records, gathering and maintaining the data needed, and completing and reviewing the form. Send comments regarding this reporting burden estimate or any other aspect of this data collection, including suggestions for reducing this burden, to the Energy Information Administration, Statistics and Method Group, El-70, 1000 Independence Avenue, SW, Washington, DC 20585, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

Please provide information on all deliveries to this household from October 1, 2004, to the pre	sent date

Delivery Number	Enter the Delivery Date (Month/Day/Year)	Circle the type of fuel sold To the household Type of Fuel Sold ^a P = Propane B = Butane O = Other		hold Sold^a ne	Check the Unit of Measure for the Fuel Delivered to the Household ^b Pounds Cubic Meters Gallons Decitherms Cubic Feet Other and Enter the Quantity of Fuel Delivered	Enter the Price per Unit (U.S. \$0.00)	Enter the Total Dollar Amount (including taxes and other charges) for this Delivery ^c (US\$ 000.)
1		Р	В	0			
2		Р	В	0			
3		Р	В	0			
4		Р	В	0			
5		Р	В	0			
6		Р	В	0			
7		Р	В	0			
8		Р	В	0			
9		Р	В	0			
10		Р	В	0			
11		Р	В	0			
12		Р	В	0			
13		Р	В	0			
14		Р	В	0			
15		Р	В	0			
16		Р	В	0			

- a. **Propane** includes all products designated in American Society for Testing and Materials Specification D1835 and Gas Processors Association Specifications for commercial propane and HD-5 propane. **Butane** is designated in American Society for Testing and Materials Specification D1835 and Gas Processors Association Specifications for commercial butane. **Other** includes any liquefied petroleum gas (LPG) other than propane or butane. If the gas delivered is a mixture of propane and butane, circle "Other" and give the proportions of each in Question 2.
- b. **Pound** is a unit of weight equal to 16 ounces (7,000 grains); **Gallon** is a unit of liquid measure equal to 4 quarts (231 cubic inches); **Cubic feet (cf)** is a unit of volume equal to 1 cubic foot at a pressure base of 14.73 pounds standard per square inch absolute and a temperature base of 60 degrees Fahrenheit; **Cubic meter** is a unit of measure which equals 35.314 cubic feet; **Decitherm** is a unit of heat equal to 10,000 BTUs; **Other** includes delivery of cylinders.
- b. *Include* in the **Total Dollar Amount for this Billing Period** all state and local taxes, fuel adjustment charges and system charges (minimum bill or base charge). *Exclude* merchandise, repairs, and service charges. If the household is on the budget plan, do *not* provide the budgeted bill; instead, provide the dollar amount that is the cost of the actual consumption in the period.

Office Use	Only:	1					1					ı
Fuel 9		nning Date 11-16	Ending Date 17-22			CR 23	24	1 25	Reason 5 26 2		7 28	R/E 30
3												
Units 37	TPRs 38-39	First Company 40-45	Prs 46-47	FT 48	DC 49	Second Com 50-55	pany	Prs 56-57	F 58	-	DC 59	#S 71-72

household ("Other" was circled for type of fuel in Question 1), what fuel was sold? Write in the type of fuel on the lines below. If a mixture of fuels was sold, write in the types of fuels and the proportion of each.	 State is this nousehold currently your customer? Yes → Go to Question 6. No
	If no, what was the date when the household stopped being a custom of your company? Enter the date the box below. If you don't know the date or the household was never a customer, check the appropriate answer below the box.
What is the capacity of this household's storage tank(s)? Enter the capacity for the two largest tanks (if there is more than one) in the boxes below. Under each box, check the appropriate measure of	/ / Mth Day Year Mth Day Year
capacity for each tank. If the capacity is not known, write "Not Known" in the box.	□ Don't know the date
white Not Khowh in the box.	☐ Household was never a customer
	What was the source of the information abodeliveries to this household? Mark all sources of information that apply.
	☐ From the company records
Tank #1 Tank #2	An estimate made by a company representative
☐ Gallons ☐ Gallons	☐ Information secured from the customer
☐ Pounds ☐ Pounds	
Other Other (Specify) (Specify)	7. Please provide the following information for the person who completed this form. Please print.
Was this household your customer as of	Name:
January 1, 2005?	Company:
\square Yes \rightarrow Go to Question 5.	Telephone:
□ No	E-mail Address:
	Fax Number:
4a. If no, what was the date this household became a customer of	Date:
your company? Enter the date in the box below. If you don't know the date or the household was never a customer, check the appropriate answer below the box.	USE THIS SPACE FOR ANY ADDITIONAL NOTES TEXPLAIN YOUR ENTRIES ON THIS FORM
/ / Mth Day Year Mth Day Year	
Don't know the date	
☐ Household was never a customer	

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