



**STEP 2 – ENTER DESCRIPTION OF PIPELINES AND/OR FACILITIES**

*The questions in this STEP allow PHMSA to accurately portray the scope and nature of the pipelines and/or facilities covered by this particular OPID Assignment Request and will also be used by PHMSA for their inspection planning.*

1. The pipelines and/or facilities covered by this OPID Assignment Request are associated with the following types of facilities and transport the following types of commodities: *(select all that apply)*

*(Complete STEPS 2 and 3 once for each top level facility type in this question that is included in this OPID Assignment Request.)*

- LNG Plant(s) / Facility(ies)
  - LNG Storage →  Yes  No
  
- Gas Distribution
  - Natural Gas
  - Propane Gas
  - Other Gas ⇨ Name: \_\_\_\_\_
  
- Gas Transmission
  - Gas Transmission
    - Natural Gas
    - Propane Gas
    - Synthetic Gas
    - Hydrogen Gas
    - Other Gas ⇨ Name: \_\_\_\_\_
  
  - Gas Storage Facilities ⇨ Total number: /\_/\_/\_/\_/\_/
  
- Gas Gathering
  
- Hazardous Liquid
  - Hazardous Liquid Trunkline (regulated non-gathering)
    - Crude Oil
    - Refined and/or Petroleum Product (non-HVL)
    - HVL or Anhydrous Ammonia
      - Anhydrous Ammonia
      - LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid)
      - Other HVL ⇨ Name: \_\_\_\_\_
    - CO2 (Carbon Dioxide)
    - Biofuel / Alternative Fuel (including ethanol blends, but excluding Fuel Grade Ethanol)
    - Fuel Grade Ethanol (also referred to as Neat Ethanol)
  
  - Regulated Hazardous Liquid Gathering
  
  - Hazardous Liquid Breakout Tanks ⇨ Total number: /\_/\_/\_/\_/\_/

2. Will any single pipeline or pipeline facility included in this OPID Assignment Request be subject to BOTH 49 CFR Part 192 AND 49 CFR Part 195 due to the planned transportation of commodities which are subject to both Parts?  No  Yes

[STEP 2 continued]

3. For the top level pipeline and/or facility type selected in STEP 2, Question 1, complete the following:

For LNG Plant(s) or Facility(ies), the plant(s) and/or facility(ies) covered by this OPID Assignment Request are: *(select Interstate and/or Intrastate, and complete Questions 3a and 3b for each set of Interstate assets and/or Intrastate assets, depending on which is selected)*

- Interstate                       Intrastate

3a. Number of LNG Plants or Facilities covered by this OPID Assignment Request: /\_\_/\_\_/\_\_/

3b. List all of the States and Counties in which these plant(s)/facility(ies) are physically located:

State 1: /\_\_/\_\_/\_\_/ Counties: \_\_\_\_\_

State 2: /\_\_/\_\_/\_\_/ Counties: \_\_\_\_\_

State 3: /\_\_/\_\_/\_\_/ Counties: \_\_\_\_\_

State 4: /\_\_/\_\_/\_\_/ Counties: \_\_\_\_\_

*(Add States as needed)*

For Gas Distribution, the pipelines and/or facilities covered by this OPID Assignment Request are: *(select Type(s) of Operator, and complete Question 3b for each type of operator selected)*

3a. Type of Operator *(select all that apply)* :

Municipal    State : /\_\_/\_\_/\_\_/ *(Add States as needed)*

Privately Owned    State : /\_\_/\_\_/\_\_/ *(Add States as needed)*

LPG    State: /\_\_/\_\_/\_\_/ *(Add States as needed)*

Select this box if the LPG Distribution pipeline(s) and/or facility(ies) serve fewer than 100 customers from a single source.

LNG    State: /\_\_/\_\_/\_\_/ *(Add States as needed)*

Master Meter    State : /\_\_/\_\_/\_\_/ *(Add States as needed)*

Other (Co-ops, Public Utility Districts, etc.)      State : /\_\_/\_\_/\_\_/ *(Add States as needed)*

Describe: \_\_\_\_\_

3b. Approximate number of regulated miles of Mains: /\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ miles

*[STEP 2 continued]*

For Gas Gathering, the pipelines covered by this OPID Assignment Request are:

Onshore

3a. Approximate number of regulated gathering pipeline miles:        /\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ miles

3b. List all of the States in which these pipelines are physically located:

State 1: /\_\_/\_\_/\_\_/    Counties: \_\_\_\_\_

State 2: /\_\_/\_\_/\_\_/    Counties: \_\_\_\_\_

State 3: /\_\_/\_\_/\_\_/    Counties: \_\_\_\_\_

State 4: /\_\_/\_\_/\_\_/    Counties: \_\_\_\_\_

*(Add States as needed)*

Offshore

3c. Approximate number of regulated gathering pipeline miles:        /\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/\_\_/ miles

3d. List all of the OCS areas in which these pipelines and/or facilities are physically located:

- OCS Atlantic
- OCS Gulf of Mexico
- OCS Pacific
- OCS Alaska

3e. List all of the State waters in which these pipelines and/or facilities are physically located

State 1: /\_\_/\_\_/\_\_/

State 2: /\_\_/\_\_/\_\_/

State 3: /\_\_/\_\_/\_\_/

State 4: /\_\_/\_\_/\_\_/

*(Add States as needed)*





<b>STEP 3 – PROVIDE PHMSA-REQUIRED PIPELINE SAFETY PROGRAM OR LNG SAFETY PROGRAM INFORMATION</b>	<p><i>Sometimes, existing pipelines, pipeline segments, pipeline facilities, or LNG Facilities are covered under a common PHMSA-required pipeline safety program or LNG safety program which also involves other assets covered by additional OPIDs. (These common safety programs are sometimes referred to as “umbrella” safety programs.) This STEP serves to notify PHMSA of these relationships so that compliance performance can be accurately portrayed, as well as to facilitate PHMSA’s resource planning and preparation in the conduct of inspections of these PHMSA-required safety programs.</i></p>
<p><i>Important Instruction to Operator: When a common PHMSA-required pipeline safety program(s) or LNG safety program(s) exists which covers assets having multiple OPID numbers, the Operators assigned those OPIDs are required to inform PHMSA as to which one of the various OPIDs is “primary” for the purposes of PHMSA inspections and Operator Registry Reporting (e.g., which OPID should be contacted and referred to when PHMSA or a state exercising jurisdiction intends to inspect that safety program), and must do so for each PHMSA-required pipeline safety program or LNG safety program listed below.</i></p> <p>1. Are the pipelines and/or facilities covered by this OPID Assignment Request included with other OPIDs for the purposes of compliance with one or more PHMSA-required pipeline safety program(s) or LNG safety program(s)? <i>(select only one)</i></p> <p><input type="checkbox"/> Not known at this time. (Note: The Operator must submit an Operator Registry Notification informing PHMSA of the primary responsibility for managing or administering these PHMSA-required safety programs within 60 days after they are known. Operators should note that many of these programs are required to be in place before initial operations of the pipelines and/or facilities commence.)</p> <p><input type="checkbox"/> No, the pipelines and/or facilities covered by this OPID Assignment Request have their own <u>independent</u> PHMSA-required safety programs which include no other OPIDs for the following, when applicable:</p> <p><b>[For ALL facilities]</b> Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202)</p> <p><b>[For Gas Distribution, Gas Gathering, Gas Transmission, and Hazardous Liquid Pipeline Facilities]</b> Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402); Damage Prevention Program (192.614, 195.442); Public Awareness/Education Program (192.616, 195.440); Control Room Management Procedures (192.631, 195.446); Operator Qualification Program (192.805, 195.505); and, Integrity Management Program (192.907, 192.1005, 195.452).</p> <p><b>[For Hazardous Liquid Pipeline Facilities ONLY]</b> Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101).</p> <p><b>[For LNG Facilities ONLY]</b> LNG Plans &amp; Procedures (193.2017).</p> <p><i>[STEP 3, Question 1 continued]</i></p>	



<b>STEP 4 – PROVIDE CONTACT INFORMATION</b>	<i>This STEP ensures that PHMSA has the contact information it needs for the basic forms of Agency-Operator interaction that may occur.</i>
<b>1. Operator contact overseeing compliance with 49 CFR Parts 191-199, i.e. the primary contact for regulatory issues:</b>	
Name: Last _____ First _____ MI ____ Title: _____ Address: _____ Street _____ or P.O. Box _____ City: _____ State: / / / Zip Code: / / / / / / / Phone: / / / / - / / / / - / / / / / / / E-mail: _____	
<b>2. Operator contact for information pertaining to PHMSA's inspection scheduling, if different from above:</b> <i>(Provide one contact for each PHMSA Regional Office where pipelines and/or facilities covered by this OPID Assignment Request are physically located)</i>	
2a. PHMSA Region: _____ Name: Last _____ First _____ MI ____ Title: _____ Address: _____ Street _____ or P.O. Box _____ City: _____ State: / / / Zip Code: / / / / / / / Phone: / / / / - / / / / - / / / / / / / E-mail: _____	
<i>(Add additional Operator contacts for other PHMSA Regional Offices where pipelines and/or facilities covered by this OPID Assignment Request are physically located, continuing with 2b, 2c, etc. as needed.)</i>	
<b>3. 24/7 Operator contact for <u>emergency situations</u></b> (natural disasters, national emergencies, security threats, extreme weather events, etc.):	
Name: Last _____ First _____ MI ____ Title: _____ Address: _____ Street _____ or P.O. Box _____ City: _____ State: / / / Zip Code: / / / / / / / Phone: / / / / - / / / / - / / / / / / / E-mail: _____	
<b>4. 24/7 Operator phone number for <u>normal operations</u>:</b> Phone: / / / / - / / / / / / / / / / /	
<b>5. 24/7 Operator <u>Control Center</u> phone number:</b> Phone: / / / / - / / / / / / / / / / /	
[STEP 4 continued]	

**6. Operator's Senior Executive Official:**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_  
Title: \_\_\_\_\_  
Address:  
Street \_\_\_\_\_ or P.O. Box \_\_\_\_\_  
City: \_\_\_\_\_ State: / / / Zip Code: / / / / / / / /  
Phone: / / / / / - / / / / / - / / / / / / / / E-mail: \_\_\_\_\_

**7. Operator contact for information pertaining to NPMS submissions:**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_  
Title: \_\_\_\_\_  
Address:  
Street \_\_\_\_\_ or P.O. Box \_\_\_\_\_  
City: \_\_\_\_\_ State: / / / Zip Code: / / / / / / / /  
Phone: / / / / / - / / / / / - / / / / / / / / E-mail: \_\_\_\_\_

**8. Operator contact responsible for assuring compliance with DOT's Anti-Drug and Alcohol Misuse regulations (49 CFR 199):**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_  
Title: \_\_\_\_\_  
Address:  
Street \_\_\_\_\_ or P.O. Box \_\_\_\_\_  
City: \_\_\_\_\_ State: / / / Zip Code: / / / / / / / /  
Phone: / / / / / - / / / / / - / / / / / / / / E-mail: \_\_\_\_\_

**9. User Fee contact:**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_  
Title: \_\_\_\_\_  
Address:  
Street \_\_\_\_\_ or P.O. Box \_\_\_\_\_  
City: \_\_\_\_\_ State: / / / Zip Code: / / / / / / / /  
Phone: / / / / / - / / / / / - / / / / / / / / E-mail: \_\_\_\_\_

[End STEP 4]