Form Approved 4/17/2019 OMB No. 2137-0627 Expiration Date: 4/30/2022



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

NATIONAL REGISTRY NOTIFICATION

DOT USE ONLY

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 2137-0627. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

ormati	ion Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.
EP 1	- ENTER BASIC NOTIFICATION INFORMATION
1.	Operator's PHMSA-issued Operator Identification Number (OPID): / / / / / /
2.	Current name of Operator assigned to this OPID:
3.	Operator Headquarters address:
	City: State: / / Zip Code: / / / / /
4.	Date of this notification: / / / / / / / / Day Year
5.	Name of Operator contact for this notification:
	Last First MI _
6.	Phone number and email address of Operator contact for this notification.
7.	Select the type of pipelines and/or facilities involved in this notification: (select all that apply)
	LNG Plant or Facility Gas Distribution Gas Transmission Gas Gathering Hazardous Liquid Underground Natural Gas Storage (UNGS) Facility
EP 2	- SELECT TYPE OF NOTIFICATION
	TYPE A -OPERATOR NAME CHANGE
1.	Indicate the Operator Name for this OPID as you want it to appear in PHMSA records:
2.	Reason for this change:
3.	Indicate the effective date for this change: <u>/ / / </u>
	TYPE B – CHANGE IN ENTITY OPERATING
ls t	this Notification for (select only one): Assuming Operatorship Ceasing Operatorship
1a.	. If assuming operatorship, list OPID Number of previous Operator: / / / / / / or □ Not assigned
	Previous Operator name:
1b.	. If ceasing operatorship, list OPID Number of new Operator: / / / / / / or □ Not assigned
	New Operator name:
	☐ I would like to deactivate my OPID Number
2.	Reason for this change:
3.	Indicate the effective date for this change:

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TYPE C - SHARED SAFETY PROGRAM CHANGE

Important Instruction to Operator: When a common PHMSA-required pipeline safety program 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 National 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 listed below.

1. List the new Operator-designated "primary" OPID for each common PHMSA-required pipeline safety program associated with this notification. The previous "primary" OPID will be populated from PHMSA data. Those programs not selected below will be considered to not have changed: (select all that apply)

For ALL facilities			
1a. ☐ Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202)			
New: / / / / / Previous: / / / / /			
Indicate the effective date for this change(s): //// Month Day Year			
1b. ☐ Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402 193.2017, 192.12)			
New: / / / / / Previous: / / / / /			
Indicate the effective date for this change(s):			
For Gas Distribution, Gas Gathering, Gas Transmission, or Hazardous Liquid Pipeline Facilities			
1c. ☐ Damage Prevention Program (192.614, 195.442)			
New: / / / / / Previous: / / / / /			
Indicate the effective date for this change(s): / / / / Day Year			
1d. ☐ Public Awareness/Education Program (192.616, 195.440)			
New: / / / / / Previous: / / / / /			
Indicate the effective date for this change(s):			
1e. ☐ Control Room Management Procedures (192.631, 195.446)			
New: / / / / / Previous: / / / / /			
Indicate the effective date for this change(s): /// / / / / / / Day Year			
1f. Doperator Qualification Program (192.805, 195.505)			
New: / / / / / Previous: / / / / /			
Indicate the effective date for this change(s): / / / / Day Year			
For Gas Distribution, Gas Transmission, Hazardous Liquid Pipeline Facilities, or UNGS Facilities			
1g.			
New: / / / / / Previous: / / / / /			
Indicate the effective date for this change(s): / / / / Day Year			
For Hazardous Liquid Pipeline Facilities			
1h. ☐ Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101)			
New: / / / / / Previous: / / / / /			
Indicate the effective date for this change(s): <u>/ / / / / / / / / / / / / / / / / / /</u>			

1.	TYPE D –CHANGE IN OWNERSHIP FOR GAS OR LIQUID Is this Notification for: □ An Acquisition □ A Divestiture
2.	If an acquisition, list OPID Number of previous Operator, if one has been assigned: ////////////////////////////////////
	Previous Operator name:
3.	If a divestiture, list OPID Number of new Operator, if one has been assigned:// □ Not assigned
	New Operator name:
	would like to deactivate my OPID Number
4.	Indicate the effective date for this acquisition or divestiture: / / / / / / / / / / / / / / / / / / /
	TYPE F - CONSTRUCTION OR REHABILITATION OF GAS OR LIQUID FACILITIES
1.	Anticipated start date of field work activities:
2.	Anticipated date of operational start-up: _ _ _ _ _ _ _ _ _
Sele	ect the single option below that describes the preponderance of the work. Describe the work more fully in Step 4.
	Construction of new pipeline or facilities Replacement of exisiting pipeline or facilities Rehabilitation of existing pipeline or facilities Reversal of flow Conversion of service Change in commodity UNGS facility well work
	TYPE I – CHANGE IN OWNERSHIP FOR LNG
1.	Is this Notification for: ☐ An Acquisition ☐ A Divestiture
2.	If an acquisition, list OPID Number of previous Operator, if one has been assigned: / / / / / / ONO Assigned
	Previous Operator name:
3.	If a divestiture, list OPID Number of new Operator, if one has been assigned:
	New Operator name:
	would like to deactivate my OPID Number
4.	Indicate the effective date for this acquisition and/or divestiture:

	6a. Name:
	(Repeat same questions as for Plant/Facility 1, and then add other Plants/Facilities as needed)
	TYPE J – CONSTRUCTION FOR LNG
1.	Plant/Facility 1
	☐ Interstate ☐ Intrastate
	1a. Name:
	1b. If Onshore, give location as: State: /_ / / County:
	1c. If Offshore in State waters, give location as: State: //
	1d. If Offshore OCS, give location as:
	 □ OCS Atlantic □ OCS Gulf of Mexico □ OCS Pacific □ OCS Alaska
	1e. Anticipated start date of field work activities:
	1f. Anticipated date of operational start-up:
	 1g. Select the single option below that describes the preponderance of the work. Describe the work more fully in Step 4. ☐ Construction of new facilities ☐ Replacement of exisiting facilities ☐ Rehabilitation of existing facilities
2.	Plant/Facility 2
	☐ Interstate ☐ Intrastate
	2a. Name:
	(Repeat same questions as for Plant/Facility 1, and then add other Plants/Facilities as needed)
EP 3 -	- ENTER SUPPLEMENTAL INFORMATION FOR
	FOR TYPE B, D, or F, complete STEP 3.
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply)
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply) Gas Distribution Line Pipe Natural Gas
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply) Gas Distribution Line Pipe Natural Gas Propane Gas
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply) Gas Distribution Line Pipe Natural Gas Propane Gas Landfill Gas
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply) Gas Distribution Line Pipe Natural Gas Propane Gas Landfill Gas Synthetic Gas
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply) Gas Distribution Line Pipe Natural Gas Propane Gas Landfill Gas
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply) Gas Distribution Line Pipe Natural Gas Propane Gas Landfill Gas Synthetic Gas Hydrogen Gas
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply) Gas Distribution Line Pipe Natural Gas Propane Gas Landfill Gas Synthetic Gas Hydrogen Gas Other Gas Name:
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply) Gas Distribution Line Pipe Natural Gas Propane Gas Landfill Gas Synthetic Gas Hydrogen Gas Other Gas Name: Facilities Gas Transmission
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply) Gas Distribution Line Pipe Natural Gas Propane Gas Landfill Gas Synthetic Gas Hydrogen Gas Other Gas Name: Facilities
PELIN	The pipelines and/or facilities included in this notification are associated with the following types of facilities and transport the following types of commodities: (select all that apply) Gas Distribution Line Pipe Natural Gas Propane Gas Landfill Gas Synthetic Gas Hydrogen Gas Other Gas Name: Facilities Gas Transmission Line Pipe

Notice: This report is required by 49 CFR Parts 191 and 195. Failure to report may result in a civil penalty as Form Approved 4/17/2019 OMB No. 2137-0627 Expiration Date: 4/30/2022 provided in 49 USC 60122. ☐ Hydrogen Gas ☐ Landfill Gas ☐ Other Gas ➡ Name: ☐ Gas Transmission Facilities ☐ Gas Gathering ☐ Line Pipe ☐ Facilities ☐ Hazardous Liquid ☐ Transmission Line Pipe ☐ 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)

2. Will any single pipeline or pipeline facility included in this notification 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

☐ Regulated Hazardous Liquid Gathering

☐ Underground Natural Gas Storage (UNGS) Facility

☐ Facilities

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The series of questions under this STEP 3, Question 3 should be completed for each of the following facility types as selected in STEP 3, Question 1: Gas Distribution, Gas Gathering, Gas Transmission and Hazardous Liquid.

3.	For Gas Distribution, the pipelines and/or facilities covered by this notification are:
	3a. Approximate number of regulated miles of Mains: <u>calc</u> miles
	3b. List all of the States in which these Mains are physically located:
	State 1: //_/ Miles: //_/_/_/_/_/_/_/
	State 2: //_/ Miles: //_/_/_/_/_/_/
	(Add States as needed)
	3c. Facilities:
	State 1: //_ Description:
	State 2: //_ Description:
	(Add States as needed)
3.	For Gas Gathering, the pipelines and/or facilities covered by this notification are:
	☐ Interstate ☐ Intrastate
	☐ Onshore
	3a. Approximate number of regulated pipeline miles: <u>calc</u> miles
	For Construction of new pipeline (including replacement of existing pipeline) ONLY, include Question
	3b.
	 3b. Are portions of this pipeline to be installed in common parallel corridors, rights-of-way, or trenches with other utilities? (select all that apply) □ No □ Yes, parallel to other pipelines subject to 49 CFR 192 or 195 □ Yes, parallel to other electric facilities such as Transmission/Distribution lines and/or Wind Farm power lines
	 ☐ Yes, parallel to other underground Utilities such as water or sewer (sanitary/storm) ☐ Yes, parallel to other underground Utilities such as cable TV or other communications lines ☐ Yes, parallel to other facilities ➡ Describe:
	3c. List all of the States and Counties in which the Onshore pipelines and/or facilities are physically located :
	Pipelines:
	State 1: //_/ Miles: //_/_/_/_/_/_/_/_/ Counties:
	State 2: //_ / Miles: //_ /_ /_ /_ /_ /_ /_ / Counties:
	(Add States as needed)
	Facilities
	State 1: /// Description: Counties:
	State 2: /// Description: Counties:
	(Add States as needed)
	☐ Offshore
	3f. Approximate number of regulated pipeline miles: <u>calc</u> miles

3g. Select a physically loo	Il of the OCS (Outer Continental Shelf) Areas in which the Offshore pipelines and/or facilities are cated:		
☐ OCS Atla ☐ OCS Gul ☐ OCS Pac ☐ OCS Ala	f of Mexico Miles: / / / / / / / / / / / / / / / / / / /		
3h. List all o	f the State waters in which these pipelines and/or facilities are physically located		
Pip	pelines:		
State 1: / Counties:	// Miles: /////		
	// Miles: //_/_///		
(Add States	as needed)		
Fa	cilities		
State 1: / Counties:	_// Description:		
State 2: / Counties:	// Description:		
(Add States	as needed)		
 For Gas Transmission or Hazardous Liquid, the pipelines and/or facilities covered by this notification are: (Select Inters and/or Intrastate, and complete the remaining Questions for each set of Interstate assets and/or Intrastate assets and for e selection of Gas Transmission and/or Hazardous Liquid facilities, depending on which facility type was selected in STER Question 1. NOTE: This series of questions should be completed separately for each of the following facility types selected: Gas Transmissi and Hazardous Liquid. In other words, if the Notification covers Gas Transmission as well as Hazardous Liquid facilities, then this series of questions will need to be completed two separate times – once for each of these two facility types. 			
☐ Interstate ☐ Onshore	Intrastate		
3a	. Approximate number of regulated pipeline miles: <u>calc</u> miles		
	r Construction of new pipeline (including replacement of existing pipeline) ONLY, include uestion 3b.		
	Are portions of this pipeline to be installed in common parallel corridors, rights-of-way, or inches with other utilities? (select all that apply) □ No □ Yes, parallel to other pipelines subject to 49 CFR 192 or 195 □ Yes, parallel to other electric facilities such as Transmission/Distribution lines and/or Wind Farm power lines □ Yes, parallel to other underground Utilities such as water or sewer (sanitary/storm) □ Yes, parallel to other underground Utilities such as cable TV or other communications lines □ Yes, parallel to other facilities ➡ Describe:		
	List all of the States and Counties in which the Onehers sizelines and/or facilities are shuries.		
	. List all of the States and Counties in which the Onshore pipelines and/or facilities are physically cated :		
Pip	pelines		
	State 1: //_/ Miles: //_/_/ //_/_/ Counties:		

		State 2: /// Miles: //////// Counties:
		(Add States as needed)
		Facilities
		State 1: //_/ Description: Counties:
		State 2: //_/ Description: Counties:
		(Add States as needed)
	☐ Offsh	ore
		3f. Approximate number of regulated pipeline miles: <u>calc</u> miles
		3g. Select all of the OCS (Outer Continental Shelf) Areas in which the Offshore pipelines and/or facilities are physically located:
		□ OCS Atlantic Miles: / _ / _ / _ / _ / _ / _ / _ / _ / _ / _
		3h. List all of the State waters in which these pipelines and/or facilities are physically located:
		Pipelines
		State 1: //_/ Miles: //_/_/_/_/_/_/_/_/_/ Counties:
		State 2: //_/ Miles: //_/_/_/_/_/_/_/_/_/ Counties:
		(Add States as needed)
		Facilities
		State 1: //_/ Description: Counties:
		State 2: //_/ Description: Counties:
		(Add States as needed)
3.	For Underground Natura	Gas Storage (UNGS), the facilities covered by this notification are:
	☐ Interstate	☐ Intrastate
		3a. List the Facility Name, State and County in which each facility is physically located:
		Facility Name:
		(Add Facilities as needed)

Step 4 Provide a brief and general description of the pipelines and/or facilities covered by this notification:		
In addition to the information provided below, Operators are encouraged to provide a general overview map (or maps) depicting the approximate geographic location of the pipelines and/or facilities covered by this notification.		