Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed $100,000 for each violation for each day the violation continues up to a maximum of $1,000,000 as provided in 49 USC 60122.

Form Approved
OMB No. 2137-0522
Expires: 01/31/2023

		DOT USE ONLY	
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 20___** **NATURAL AND OTHER GAS TRANSMISSION AND GATHERING PIPELINE SYSTEMS**	**Initial Date Submitted**	
		Report Submission Type	
		Date Submitted	

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 2137-0522. Public reporting for this collection of information is estimated to be approximately 42 hours 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.

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at https://www.phmsa.dot.gov/forms/pipeline-forms.*

PART A - OPERATOR INFORMATION | DOT USE ONLY

1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)
/ / / / / /

2. NAME OF OPERATOR:
_____

3. RESERVED

4. HEADQUARTERS ADDRESS:
_____
Street Address
State: / / / Zip Code: / / / / / / - / / / / /

5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: *(Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)*

☐ Natural Gas

☐ Synthetic Gas

☐ Hydrogen Gas

☐ Propane Gas

☐ Landfill Gas

☐ Other Gas → Name of Other Gas _____

6. RESERVED

7. FOR THE DESIGNATED "COMMODITY GROUP", THE PIPELINES AND/OR PIPELINE FACILITIES INCLUDED WITHIN THIS OPID ARE: *(Select one or both)*

☐ INTERstate pipeline → List all of the States and OCS portions in which INTERstate pipelines and/or pipeline facilities included under this OPID exist: __, __, __, __, __, etc.

☐ INTRAstate pipeline → List all of the States in which INTRAstate pipelines and/or pipeline facilities included under this OPID exist: __, __, __, __, __, etc.

8. RESERVED

For the designated Commodity Group, PARTs B and D will be calculated based on the data entered in Parts L and P respectively. Complete Part C one time for all pipelines and/or pipeline facilities – both INTERstate and INTRAstate - included within this OPID.

PART B – TRANSMISSION PIPELINE HCA MILES	
	Number of HCA Miles
Onshore	*Calc*
Offshore	*Calc*
Total Miles	*Calc*

PART C - VOLUME TRANSPORTED IN TRANSMISSION PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludes Transmission lines of Gas Distribution systems)	☐ **Check this box and do not complete PART C if this report only includes gathering pipelines or transmission lines of gas distribution systems.**

	Onshore	**Offshore**
Natural Gas		
Propane Gas		
Synthetic Gas		
Hydrogen Gas		
Landfill Gas		
Other Gas → Name: _____		

PART D - MILES OF PIPE BY MATERIAL AND CORROSION PREVENTION STATUS

	Steel cathodically protected		Steel cathodically unprotected							
	Bare	Coated	Bare	Coated	Cast Iron	Wrought Iron	Plastic	Composite[1]	Other	Total Miles
Transmission										
Onshore	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Offshore	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Subtotal Transmission	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Gathering										
Onshore Type A	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Onshore Type B	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Offshore	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Subtotal Gathering	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

[1] Use of Composite pipe requires a PHMSA Special Permit or waiver from a State

PART E - RESERVED

For the designated Commodity Group, complete PARTs F and G <u>one time for all INTERstate pipeline facilities</u> included within this OPID and multiple times as needed for the designated Commodity Group <u>for each State in which INTRAstate pipeline facilities</u> included within this OPID exist. Part F "WITHIN AN HCA SEGMENT" data and Part G may be completed only if HCA Miles in Part L is greater than zero.

PARTs F and G

The data reported in these PARTs applies to: *(select only one)*

☐ **Interstate pipelines/pipeline facilities**

☐ **Intrastate pipelines/pipeline facilities in the State of /__/__/** *(complete for each State)*

PART F - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION	
1. MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
a. Corrosion or metal loss tools	
b. Dent or deformation tools	
c. Crack or long seam defect detection tools	
d. Any other internal inspection tools, specify other tools:	
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	*Calc*
2. ACTIONS TAKEN IN CALENDAR YEAR BASED ON IN-LINE INSPECTIONS	
a. Based on ILI data, total number of anomalies excavated in calendar year because they met the operator's criteria for excavation.	
b. Total number of anomalies repaired in calendar year that were identified by ILI based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	
c. Total number of conditions repaired WITHIN AN HCA SEGMENT meeting the definition of:	*Calc*
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
a. Total mileage inspected by pressure testing in calendar year.	
b. Total number of pressure test failures (ruptures and leaks) repaired in calendar year, both within an HCA Segment and outside of an HCA Segment.	
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN AN HCA SEGMENT.	
d. Total number of pressure test leaks (less than complete wall failure but including escape of test medium) repaired in calendar year WITHIN AN HCA SEGMENT.	

(PART F continued)

4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods)	
a. Total mileage inspected by each DA method in calendar year.	*Calc*
1. ECDA	
2. ICDA	
3. SCCDA	
b. Total number of anomalies identified by each DA method and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	*Calc*
1. ECDA	
2. ICDA	
3. SCCDA	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	*Calc*
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
5. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON OTHER INSPECTION TECHNIQUES	
a. Total mileage inspected by inspection techniques other than those listed above in calendar year. Specify other inspection technique(s):	
b. Total number of anomalies identified by other inspection techniques and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	*Calc*
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
6. TOTAL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN IN CALENDAR YEAR	
a. Total mileage inspected in calendar year. (Lines 1.e + 3.a + 4.a.1 + 4.a.2 + 4.a.3 + 5.a)	*Calc*
b. Total number of anomalies repaired in calendar year both within an HCA Segment and outside of an HCA Segment. (Lines 2.b + 3.b + 4.b.1 + 4.b.2 + 4.b.3 + 5.b)	*Calc*
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c.1 + 2.c.2 + 2.c.3 + 2.c.4 + 3.c + 3.d + 4.c.1 + 4.c.2 + 4.c.3 + 4.c.4 + 5.c.1 + 5.c.2 + 5.c.3 + 5.c.4)	*Calc*
d. Total number of actionable anomalies eliminated by pipe replacement in calendar year WITHIN AN HCA SEGMENT:	
e. Total number of actionable anomalies eliminated by pipe abandonment in calendar year WITHIN AN HCA SEGMENT:	

PART G– MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Segment miles ONLY)	
a. Baseline assessment miles completed during the calendar year.	
b. Reassessment miles completed during the calendar year.	
c. Total assessment and reassessment miles completed during the calendar year.	*Calc*

For the designated Commodity Group, complete PARTs H, I, J, K, L, M, P, Q, and R covering INTERstate pipeline facilities for each State in which INTERstate systems exist within this OPID and again covering INTRAstate pipeline facilities for each State in which INTRAstate systems exist within this OPID.

PARTs H, I, J, K, L, M, P, Q, and R

The data reported in these PARTs applies to: ***(select only one)***

☐ **Interstate pipelines/pipeline facilities in the State of /__/__/** *(complete for each State)*

☐ **Intrastate Pipelines/pipeline facilities in the State of /__/__/** *(complete for each State)*

PART H - MILES OF TRANSMISSION PIPE BY NOMINAL PIPE SIZE (NPS)

Onshore	NPS 4 or less	6	8	10	12	14	16	18	20
	22	24	26	28	30	32	34	36	38
	40	42	44	46	48	52	56	58 and over	
	Other Pipe Sizes Not Listed								
	Size: __ Miles: _____ *Add Sizes as needed*								
Calc	Total Miles of Onshore Pipe - Transmission								
Offshore	NPS 4 or less	6	8	10	12	14	16	18	20
	22	24	26	28	30	32	34	36	38
	40	42	44	46	48	52	56	58 and over	
	Other Pipe Sizes Not Listed								
	Size: __ Miles: _____ *Add Sizes as needed*								
Calc	Total Miles of Offshore Pipe - Transmission								

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PART I - MILES OF GATHERING PIPE BY NOMINAL PIPE SIZE (NPS)

Onshore Type A

NPS 4 or less	6	8	10	12	14	16	18	20
22	24	26	28	30	32	34	36	38

40	42	44	46	48	52	56	58 and over

Other Pipe Sizes Not Listed
Size: __ Miles: _____ *Add Sizes as needed*

Calc	Total Miles of Onshore Type A Pipe - Gathering

Onshore Type B

NPS 4 or less	6	8	10	12	14	16	18	20
22	24	26	28	30	32	34	36	38

40	42	44	46	48	52	56	58 and over

Other Pipe Sizes Not Listed
Size: __ Miles: _____ *Add Sizes as needed*

Calc	Total Miles of Onshore Type B Pipe - Gathering

Offshore

NPS 4 or less	6	8	10	12	14	16	18	20
22	24	26	28	30	32	34	36	38

40	42	44	46	48	52	56	58 and over

Other Pipe Sizes Not Listed
Size: __ Miles: _____ *Add Sizes as needed*

Calc	Total Miles of Offshore - Gathering

PART J – MILES OF PIPE BY DECADE INSTALLED

Decade Pipe Installed	Unknown	Pre-1940	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
Transmission							
Onshore							
Offshore							
Subtotal Transmission	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Gathering							
Onshore Type A							
Onshore Type B							
Offshore							
Subtotal Gathering	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

Decade Pipe Installed	1990 - 1999	2000 - 2009	2010 - 2019	Total Miles
Transmission				
Onshore				*Calc*
Offshore				*Calc*
Subtotal Transmission	*Calc*	*Calc*	*Calc*	*Calc*
Gathering				
Onshore Type A				*Calc*
Onshore Type B				*Calc*
Offshore				*Calc*
Subtotal Gathering	*Calc*	*Calc*	*Calc*	*Calc*
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*

PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH

ONSHORE	CLASS LOCATION				Total Miles
	Class I	Class 2	Class 3	Class 4	
Steel pipe Less than 20% SMYS					*Calc*
Steel pipe Greater than or equal to 20% SMYS but less than30% SMYS					*Calc*
Steel pipe Greater than or equal to 30% SMYS but less than or equal to 40% SMYS					*Calc*
Steel pipe Greater than 40% SMYS but less than or equal to 50% SMYS					*Calc*
Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS					*Calc*
Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS					*Calc*
Steel pipe Greater than 72% SMYS but less than or equal to 80% SMYS					*Calc*
Steel pipe Greater than 80% SMYS					*Calc*
Steel pipe Unknown percent of SMYS					*Calc*
All Non-Steel pipe					*Calc*
Onshore Totals	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
OFFSHORE	Class I				
Steel pipe Less than or equal to 50% SMYS					
Steel pipe Greater than 50% SMYS but less than or equal to 72% SMYS					
Steel pipe Greater than 72% SMYS					
Steel pipe Unknown percent of SMYS					
All non-steel pipe					
Offshore Total	*Calc*				
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

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PART L - MILES OF PIPE BY CLASS LOCATION

	Class Location				Total Class Location Miles	HCA Miles
	Class I	Class 2	Class 3	Class 4		
Transmission						
Onshore	*Calc from Part K*	*Calc from Part K*	*Calc from Part K*	*Calc from Part K*	*Calc*	
Offshore	*Calc from Part K*				*Calc*	
Subtotal Transmission	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Gathering						
Onshore Type A					*Calc*	
Onshore Type B					*Calc*	
Offshore					*Calc*	
Subtotal Gathering	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

PART M – FAILURES, LEAKS, AND REPAIRS

PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; FAILURES IN HCA SEGMENTS IN CALENDAR YEAR

Cause	Transmission Leaks and Failures					Gathering Leaks		
		Leaks			Failures in HCA Segments	Onshore Leaks		Offshore Leaks
		Onshore Leaks		Offshore Leaks				
		HCA	Non-HCA	HCA	Non-HCA	Type A	Type B	
External Corrosion								
Internal Corrosion								
Stress Corrosion Cracking								
Manufacturing								
Construction								
Equipment								
Incorrect Operations								
Third Party Damage/Mechanical Damage								
Excavation Damage								
Previous Damage (due to Excavation Activity)								
Vandalism (includes all Intentional Damage)								
Weather Related/Other Outside Force								
Natural Force Damage (all)								
Other Outside Force Damage (excluding Vandalism and all Intentional Damage)								
Other								
Total		*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

PART M2 – KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

Transmission		Gathering	

PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

Transmission		Gathering	
Onshore		Onshore Type A	
		Onshore Type B	
OCS		OCS	
Subtotal Transmission	*Calc*	Subtotal Gathering	*Calc*
Total	*Calc*		

PART P - MILES OF PIPE BY MATERIAL AND CORROSION PREVENTION STATUS

	Steel cathodically protected		Steel cathodically unprotected							
	Bare	Coated	Bare	Coated	Cast Iron	Wrought Iron	Plastic	Composite[1]	Other[2]	Total Miles
Transmission										
Onshore										*Calc*
Offshore										*Calc*
Subtotal Transmission	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Gathering										
Onshore Type A										*Calc*
Onshore Type B										*Calc*
Offshore										*Calc*
Subtotal Gathering	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

[1] Use of Composite pipe requires a PHMSA Special Permit or waiver from a State
[2] specify Other material(s):

Part Q - Gas Transmission Miles by §192.619 MAOP Determination Method

	(a)(1) Total	(a)(1) Incomplete Records	(a)(2) Total	(a)(2) Incomplete Records	(a)(3) Total	(a)(3) Incomplete Records	(a)(4) Total	(a)(4) Incomplete Records	(c) Total	(c) Incomplete Records	(d) Total	(d) Incomplete Records	Other[1] Total	Other Incomplete Records
Class 1 (in HCA)														
Class 1 (not in HCA)														
Class 2 (in HCA)														
Class 2 (not in HCA)														
Class 3 (in HCA)														
Class 3 (not in HCA)														
Class 4 (in HCA)														
Class 4 (not in HCA)														
Total	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

Grand Total	*Calc*
Sum of Total row for all "Incomplete Records" columns	*Calc*

[1] Specify Other method(s): _____

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Part R – Gas Transmission Miles by Pressure Test (PT) Range and Internal Inspection

	PT ≥ 1.25 MAOP		1.25 MAOP > PT ≥ 1.1 MAOP		PT < 1.1 or No PT	
Location	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE	Miles Internal Inspection ABLE	Miles Internal Inspection NOT ABLE
Class 1 in HCA						
Class 2 in HCA						
Class 3 in HCA						
Class 4 in HCA						
in HCA subTotal	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Class 1 not in HCA						
Class 2 not in HCA						
Class 3 not in HCA						
Class 4 not in HCA						
not in HCA subTotal	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Total	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

PT ≥ 1.25 MAOP Total	*Calc*	Total Miles Internal Inspection ABLE	*Calc*
1.25 MAOP > PT ≥ 1.1	*Calc*	Total Miles Internal Inspection NOT ABLE	*Calc*
PT < 1.1 or No PT Total	*Calc*	Grand Total	*Calc*
Grand Total	*Calc*		

For the designated Commodity Group, complete PART N one time for all of the pipelines and/or pipeline facilities included within this OPID, and then also PART O if any gas transmission pipeline facilities included within this OPID have Part L HCA mile value greater than zero.

PART N - PREPARER SIGNATURE

Preparer's Name(type or print)

/__/__/__/-/__/__/__/-/__/__/__/__/
Telephone Number

Preparer's Title

Preparer's E-mail Address

PART O - CERTIFYING SIGNATURE (applicable to PARTs B, F, G, and M1)

/__/__/__/-/__/__/__/-/__/__/__/__/
Telephone Number

Senior Executive Officer's name certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

Senior Executive Officer's E-mail Address