0	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	OPID ASSIGNMENT REQUES							
comply w a current of informa and comp regarding Collection	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 generately 60 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.								
STEP 1 –	ENTER BASIC REPORT INFORMA	TION							
Date	e of this OPID Assignment Request:	<u>/ / / / / / / / / / /</u> Month Day Year							
1.	Are the pipelines and/or facilities co CFR Parts 191, 192, 193, 194, and/	vered by this OPID Assignment Request subject to or 195?	o regulation under all or any part of 49						
	□ Yes								
	\Box No 🖒 No further action ne	eded.							
2.	2. Are the pipelines and/or facilities covered by this OPID Assignment Request:								
	Newly constructed pipelines and/or facilities								
	⊏ > Appro:	ximate start date of construction: / / / / Month	<u>/////</u> Day Year						
	∟ > Anticip	ated date of operational start-up: / / / / Month	/// Day Year						
		icilities 🖒 2a. Were they previously operated u	,						
	□ No □ Yes ⊏	2b. Is the previous OPID Number known?							
		D No							
		☐ Yes 🖒 List previous OPID Numbe	r: <u>/ / / / /</u>						
		Previous Operator name:							
3.	Name of Operator:								
4.	Operator Headquarters address:								
	City:	State: / / / Zip	Code: / / / / / /						
5.	Name of Operator contact for this O Last	PID Assignment Request: First	MI						
6.	Phone number of Operator contact	for this OPID Assignment Request: / / /	<u> - </u> - <u> </u>						
	Email address for Operator contact:								
7.	Is this Operator a wholly owned sub ☐ No ☐ Yes ➡ Company name: _	sidiary of another company?							

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.						
 The pipelines and/or facilities covered by transport the following types of commodi 	this OPID Assignment Request are associated with the following types of facilities and ties: <i>(select all that apply)</i>						
(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)							
\Box LNG Storage \rightarrow \Box Y	es 🗆 No						
Gas Distribution							
 □ Natural Gas □ Propane Gas □ Landfill Gas □ Synthetic Gas □ Hydrogen Gas □ Other Gas ➡ Name 	:						
Gas Transmission							
Gas Transmission							
 Natural Gas Propane Ga Landfill Gas Synthetic G Hydrogen G Other Gas 	as as						
Gas Transmission Fa	cilities 🖨 Total number: ////						
□ Gas Gathering							
Regulated Gas Gathe Reporting-Regulated	ring – Types A, B, C and Offshore Gas Gathering – Type R						
☐ Hazardous Liquid							
Crude Oil Refined and	nkline (regulated non-gathering) d/or Petroleum Product (non-HVL) ydrous Ammonia						
□ Anhyc □ LPG (, Irous Ammonia Liquefied Petroleum Gas) / NGL (Natural Gas Liquid) HVL 🖨 Name:						
	on Dioxide) ernative Fuel (including ethanol blends, but excluding Fuel Grade Ethanol) Ethanol (also referred to as Neat Ethanol)						
□ Regulated Hazardous	Liquid Gathering						
Hazardous Liquid Fac	ilities, including Breakout Tanks ➡> Total number: /////						
Reporting- Regulated	Hazardous Liquid Gathering						
☐ Gravity Line							
Underground Natural Gas Stora	ge (UNGS)						
2. Will any single pipeline or pipeline facility	included in this OPID Assignment Request be subject to BOTH 49 CFR Part 192						

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?

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: _____

(Add States as needed)

For Gas Distribution, the pipelines and/or facilities covered by this OPID Assignment Request are: (select Type(s) of Operator)

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

☐ Municipally Owned State : //_/ Miles: //_/_/_/_/_/_/_/_/_/ (Add States as needed)
□ Privately Owned State : //_/ Miles: //_/_/_/_/_/_/_/_/_/ (Add States as needed)
☐ Investor Owned State: //_/ Miles: //_/_/_/_/_/_/ (Add States as needed)
LPG Distribution pipeline(s) and/or facility(ies) serving fewer than 100 customers from a single source. State: / / Miles: / / / / / / / / / / / / / / / / / / /
Cooperative State: // Miles: // / _/_/ /////////////////////////
☐ Master Meter State : //_/ Miles: //_/_/_/_/_////////////////////////
□ Other Ownership (State : //_/ Miles: //_/_/_/_/_/_/ (Add States as needed)
Describe Ownership:

3b. Approximate number of regulated miles of Mains: <u>calc</u> miles

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

□ Intrastate

Interstate

□ Onshore

3a. Approximate number of regulated gathering pipeline miles: calc miles

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

State 1: /	/_	_/	Miles:	/	_/_	_/	_/_	_/_	_/_	_/_	_/_	_/_	_/
State 2: /	/	/	Miles:	/	_/	_/	_/	_/	_/	_/	_/	_/_	/

(Add States as needed)

□ Offshore

3c. Approximate number of regulated gathering pipeline miles: calc miles

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

OCS Atlantic	Miles:	/	_/_	_/_	_/_	_/_	_/_	_/_	_/_	_/_	_/		
OCS Gulf of A	<u>merica</u> Mexico	Mile	s:	/	_/	_/	_/	_/	_/	_/	_/	_/	_/
OCS Pacific	Miles:	/	_/_	_/_	_/_	_/_	_/_	_/_	_/_	_/_	_/		
OCS Alaska	Miles:	/	1	/	/	1	/	/	/	1	/		

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

State 1: //_/	Miles:	//_	_//_	_/_	_/	_/	_/	_/	_/
State 2: //_/	Miles:	/ <u> /</u>	_//_	_/_	_/	_/	_/	_/	_/

(Add States as needed)

For Gas Transmission or Hazardous Liquid, the pipelines and/or facilities covered by this OPID Assignment Request are: (select Interstate and/or Intrastate, and complete Questions 3a-j for each set of Interstate assets and/or Intrastate assets, and for each selection of Gas Transmission and/or Hazardous Liquid facilities, depending on which is selected)

□ Interstate

Intrastate

Onshore

3a. Approximate number of regulated transmission/trunkline pipeline miles: calc miles

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

State 1: /// Counties:/	Miles:	/	_/	_/	_/	_/	_/	_/	_/	_/	_/
State 2: //_/ Counties:/	Miles:	/	_/	_/	_/	_/	_/	_/	_/	_/	_/

(Add States as needed)

3c. Approximate number of regulated Hazardous Liquid gathering miles: calc miles

3d. List all of the States and Counties in which these Hazardous Liquid gathering lines are physically located:

State 1: //_/	Counties:
State 2: //_/	Counties:

(Add States as needed)

3e. List all of the States and Counties in which other facilities (including storage/breakout tanks) are physically located

State 1:	/	_/	_/
State 2:	/	/	_/

Countion	
Counties:	

/__/ Counties: ___

(Add States as needed)

□ Offshore

3g. Approximate number of regulated transmission/trunkline pipeline miles: calc miles

3h. Reserved

3i. If Interstate, list all of the OCS Areas in which these Interstate pipelines and/or facilities are physically located:

Ш	OCS Atlantic	Miles:	/	_/	_/	_/_	_/	_/_	_/	_/	_/	_/	
	OCS Gulf of America Mexic	Miles:		/	<u> </u>	/	/	1	_/	/	/	/	_/
	OCS Pacific	Miles:	/	_/	_/	_/	_/	_/	_/	_/	_/	_/	
	OCS Alaska	Miles:	/	_/	_/	_/	_/	_/_	_/	_/	_/	_/	

3j. If Interstate or Intrastate, list all of the State waters in which these pipelines and/or facilities are physically located:

State 1: // Miles:	/ <u>////////////////////////////////////</u>
State 2: // Miles:	I <u>IIIIIIII</u>
(Add States as needed)	

For Underground Natural Gas Storage (UNGS), the 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 UNGS Facilities covered by this OPID Assignment Request: /__/_/

3b. List the Facility Name, Total Number of Wells, State and County in which each facility is physically located:

Facility 1 Name:	 County: / /
Facility 2 Name:	_ County: / /

(Add facilities as needed)

4.	Provide a brief and general description of the pipelines and/or facilities covered by this OPID Assignment Request.	Describe each second
	level selection from STEP 2, Question 1 separately.	

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 OPID Assignment Request.

Form PHMSA F 1000.1 (rev 3-2022)

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.

[For ALL facilities] Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202); Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402, 193.2017, 192.12);

[For Gas Distribution, Gas Gathering, Gas Transmission, and Hazardous Liquid Pipeline Facilities] Damage Prevention Program (192.614, 195.442); Public Awareness/Education Program (192.616, 195.440); Control Room Management Procedures (192.631, 195.446); and Operator Qualification Program (192.805, 195.505).

[For Gas Distribution, Gas Transmission, Hazardous Liquid Pipeline Facilities, and UNGS Facilities] Integrity Management Program (192.907, 192.1005, 195.452, 192.12).

[For Hazardous Liquid Pipeline Facilities ONLY] Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101).

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)? (select only one)

□ 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.)

□ No, the pipelines and/or facilities covered by this OPID Assignment Request have their own *independent* PHMSA-required safety programs which include no other OPIDs for the following, when applicable:

□ Yes, the pipelines and/or facilities covered by this OPID Assignment Request have one or more PHMSA-required pipeline safety program(s) or LNG safety program(s) that also apply to pipeline assets with other OPID numbers for the purposes of compliance with PHMSA regulations.

If Yes, list the Operator-designated "primary" OPID for each common PHMSA-required pipeline safety program associated with this OPID Assignment Request. Those programs not selected will be considered to be either not required or independent programs which cover only the pipelines and/or facilities covered by this OPID Assignment Request: (select all that apply)

1a.
Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202)

1b. D Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402, 193.2017, 192.12)

1c. Damage Prevention Program (192.614, 195.442)

<u>| | | | |</u>

1d. D Public Awareness/Education Program (192.616, 195.440)

<u>/ / / / / /</u>

1e.
Control Room Management Procedures (192.631, 195.446)

<u>| | | | |</u>

1f. Deperator Qualification Program (192.805, 195.505)

<u>/ / / / / /</u>

1g. Integrity Management Program (192.907, 192.1005, 195.452, 192.12)

<u>| | | | |</u>

STEP 4 – PROVIDE

CONTACT INFORMATION This STEP ensures that PHMSA has the contact information it needs for the bat forms of Agency-Operator interaction that may occur.	siC
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1. Operator contact overseeing compliance with 49 CFR Parts 191-199, i.e. the primary contact for regulatory issues:

Name: Last	First	MI
Title:		
Address:		
Street		or P.O. Box
City:	State: / / _/	Zip Code: / / / / / /
Office Phone: / / / / / -/ /	<u> </u>	<u>/ /</u> E-mail:
Cell Phone: / / / / -/ /	<u>/ /</u> -/ / /	<u>/ /</u>

2. Operator contact for information pertaining to PHMSA's inspection scheduling, if different from above: (Provide one contact for each PHMSA Regional Office where pipelines and/or facilities covered by this OPID Assignment Request are physically located)

2a. PHMSA Region:		
Name: Last Title: Address:	First	_ MI _
Street	or P.O. Bo	x
City:	State: / / / Zip Code: /	<u> </u>
Office Phone: / / / / / / / / Cell Phone: / / / / -/ -/ / /	<u>/-/////</u> E- //-/////	mail:

(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.)

3. 24/7 Operator contact for <u>emergency situations</u> (natural disasters, national emergencies, security threats, extreme weather events, etc.):

	Name: Last		MI	_					
	Title: Address:								
	Street		or P.O. Box						
	City:	State: / / /	Zip Code: /	/		<u> </u>			
	Office Phone: //_/_/_/_/ Cell Phone: //_/_/_/_/_/	<u> </u>	<u>/ /</u> E-mail: / <u>/</u>						
4.	24/7 Operator phone number for <u>normal</u>	operations: Phone: /	<u> </u>	1	<u> </u>	/	/	1	/
5.	24/7 Operator <u>Control Center</u> phone num	ber: Phone: /	<u> </u>	1	<u> </u>	/	/	1	/
6.	Operator's Senior Executive Official:								
	Name: Last	First	MI	_					
	Title:								
	Address:								
	Street		or P.O. Box						
	City:	State: / / /	Zip Code: / /	/	/ /	_/			
	Office Phone: //_/_/_/_/ Cell Phone: //_/_//_/	<u> </u>	<u>/ /</u> E-mail: / <u>/</u>						

7. Operator contact for information pertaining to NPMS submissions:

	Name: Last	First	MI	
	Title: Address: Street		or P.O. Box	
	City:	State: / / / Z	///////////	<u>/ / /</u>
	Office Phone: / / / / / - / Cell Phone: / / / / / - /	<u> - </u>	/ <u>/</u> E-mail:	
8.	Operator contact responsible for ass 199):	uring compliance with DOT's	s Anti-Drug and Alcohol	Misuse regulations (49 CFR
	Name: Last	First	MI	
	Title: Address:			
			or P.O. Box	
		State: / / / Z		
	Office Phone: //_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/	<u> </u> - <u> </u> -	/ <u>/</u> E-mail:	
9.	User Fee contact:			
	Name: Last Title:		MI	
	Address:		or P.O. Box	
	Street	State: / / / Z	/ip Code: / / /	
	City:	State. / / / Z		<u> </u>
	Office Phone: <u>/ / / /</u> - <u>/</u> Cell Phone: <u>/ / / /</u> - <u>/</u>	<u>/ / /</u> -/ / / /	/ <u>/</u> E-mail:	