

STEP 2 – ENTER DESCRIPTION OF PIPELINES AND/OR FACILITIES	<i>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.</i>
<p>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: <i>(select all that apply)</i></p> <p><i>(Complete STEPS 2 and 3 once for each top level facility type in this question that is included in this OPID Assignment Request.)</i></p> <div style="margin-left: 20px;"> <input type="checkbox"/> LNG Plant(s) / Facility(ies) <div style="margin-left: 20px;"><input type="checkbox"/> LNG Storage → <input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Gas Distribution <div style="margin-left: 20px;"> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Other Gas ⇨ Name: _____ </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Gas Transmission <div style="margin-left: 20px;"> <input type="checkbox"/> Gas Transmission <div style="margin-left: 20px;"> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Synthetic Gas <input type="checkbox"/> Hydrogen Gas <input type="checkbox"/> Other Gas ⇨ Name: _____ </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Gas Storage Facilities ⇨ Total number: <u> </u>/<u> </u>/<u> </u>/<u> </u>/<u> </u> </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Gas Gathering </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Hazardous Liquid <div style="margin-left: 20px;"> <input type="checkbox"/> Hazardous Liquid Trunkline (regulated non-gathering) <div style="margin-left: 20px;"> <input type="checkbox"/> Crude Oil <input type="checkbox"/> Refined and/or Petroleum Product (non-HVL) <input type="checkbox"/> HVL or Anhydrous Ammonia <div style="margin-left: 20px;"> <input type="checkbox"/> Anhydrous Ammonia <input type="checkbox"/> LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid) <input type="checkbox"/> Other HVL ⇨ Name: _____ </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> CO2 (Carbon Dioxide) <input type="checkbox"/> Biofuel / Alternative Fuel (including ethanol blends, but excluding Fuel Grade Ethanol) <input type="checkbox"/> Fuel Grade Ethanol (also referred to as Neat Ethanol) </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Regulated Hazardous Liquid Gathering </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Hazardous Liquid Breakout Tanks ⇨ Total number : <u> </u>/<u> </u>/<u> </u>/<u> </u>/<u> </u> </div> </div> </div>	
<p>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? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><i>[STEP 2 continued]</i></p>	

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)*

(Add States as needed)

Describe:

(Dec-2011)

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)

☐ Interstate ☐ Intrastate

(Add States as needed)

(Dec-2011)

(Dec-2011)

<p>STEP 3 – PROVIDE PHMSA-REQUIRED PIPELINE SAFETY PROGRAM OR LNG SAFETY PROGRAM INFORMATION</p>	<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>
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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.

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:

[For ALL facilities] Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202)

[For Gas Distribution, Gas Gathering, Gas Transmission, and Hazardous Liquid Pipeline Facilities] 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).

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

[For LNG Facilities ONLY] LNG Plans & Procedures (193.2017).

[STEP 3, Question 1 continued]

If Yes, please list the Operator-designated "primary" OPID for each common PHMSA-required pipeline safety program or LNG 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. ☐ Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402)
/ / / / / / /
- 1c. ☐ Damage Prevention Program (192.614, 195.442)
/ / / / / / /
- 1d. ☐ Public Awareness/Education Program (192.616, 195.440)
/ / / / / / /
- 1e. ☐ Control Room Management Procedures (192.631, 195.446)
/ / / / / / /
- 1f. ☐ Operator Qualification Program (192.805, 195.505)
/ / / / / / /
- 1g. ☐ Integrity Management Program (192.907, 192.1005, 195.452)
/ / / / / / /
- 1h. ☐ Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101)
/ / / / / / /
- 1i. ☐ LNG Plans & Procedures (193.2017)
/ / / / / / /

(Dec-2011)

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

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]