

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	<p>OPID ASSIGNMENT REQUEST</p>	<p>DOT USE ONLY</p>
<p>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 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.</p>		
<p>STEP 1 – ENTER BASIC REPORT INFORMATION</p>		

[illegible]

1. Are the pipelines and/or facilities covered by this OPID Assignment Request subject to regulation under all or any part of 49 CFR Parts 191, 192, 193, 194, and/or 195?

☐ Yes

☐ No ➡ No further action needed.

2. Are the pipelines and/or facilities covered by this OPID Assignment Request:

☐ Newly constructed pipelines and/or facilities[illegible][illegible]

☐ Existing pipelines and/or facilities ➡ 2a. Were they previously operated under another OPID?

☐ No

☐ Yes ➡ 2b. Is the previous OPID Number known?

☐ No☐ Yes ➡ List previous OPID Number: / / / / / /

Previous Operator name:

3. Name of Operator: _____

4. Operator Headquarters address:

City: _____ State: / / Zip Code: / / / / / / / /

5. Name of Operator contact for this OPID Assignment Request:

Last _____ First _____ MI _____

6. Phone number of Operator contact for this OPID Assignment Request: / / / / - / / / / - / / / /

Email address for Operator contact: _____

7. Is this Operator a wholly owned subsidiary of another company?

☐ No

☐ Yes ➡ Company name:

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

☐ Landfill Gas

☐ Synthetic Gas

☐ Hydrogen Gas

☐ Other Gas ⇨ Name: _____

☐ Gas Transmission

☐ Gas Transmission

☐ Natural Gas

☐ Propane Gas

☐ Landfill Gas

☐ Synthetic Gas

☐ Hydrogen Gas

☐ Other Gas ⇨ Name: _____

☐ Gas Transmission Facilities ⇨ Total number: ____/____/____/____/

☐ Gas Gathering

☐ Regulated Gas Gathering – Types A, B, C and Offshore

☐ Reporting-Regulated Gas Gathering – Type R

☐ 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 Facilities, including Breakout Tanks ⇨ Total number: ____/____/____/____/

☐ Reporting- Regulated Hazardous Liquid Gathering

☐ Gravity Line

☐ Underground Natural Gas Storage (UNGS)

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

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)*

☐ Intrastate

(Add States as needed)

Describe Ownership: _____

☐ Onshore

(Add States as needed)

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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:

<input type="checkbox"/> OCS Atlantic	Miles: / / / / / / / / / / / / / /
<input type="checkbox"/> OCS Gulf of Mexico	Miles: / / / / / / / / / / / / / /
<input type="checkbox"/> OCS Pacific	Miles: / / / / / / / / / / / / / /
<input type="checkbox"/> OCS Alaska	Miles: / / / / / / / / / / / / / /

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

State 1: / / / / Miles: / / / / / / / / / / / / / /

State 2: / / / / Miles: / / / / / / / / / / / / / /

(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: / / / / Miles: / / / / / / / / / / / / / /
Counties: _____

State 2: / / / / Miles: / / / / / / / / / / / / / /
Counties: _____

(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: / / / / Counties: _____

State 2: / / / / 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:

<input type="checkbox"/> OCS Atlantic	Miles: / / / / / / / / / / / / / /
<input type="checkbox"/> OCS Gulf of Mexico	Miles: / / / / / / / / / / / / / /
<input type="checkbox"/> OCS Pacific	Miles: / / / / / / / / / / / / / /
<input type="checkbox"/> 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: / / / / / / / / / /

State 2: / / / Miles: / / / / / / / / / /

(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: _____
State: / / / County: _____
Total Number of Wells: / / / / / / /

Facility 2 Name: _____
State: / / / County: _____
Total Number of Wells: / / / / / / /

(Add facilities as needed)

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.

[illegible]

This STEP serves to notify PHMSA of relationships among OPIDs 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.

[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).

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. ☐ 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)

/ / / / / /

- 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, 192.12)

/ / / / /

1h. ☐ Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101)

/ / / / /

STEP 4 – PROVIDE CONTACT INFORMATION

This STEP ensures that PHMSA has the contact information it needs for the basic forms of Agency-Operator interaction that may occur.

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: / / / / / - / / / / / - / / / / / / / E-mail: _____
Cell Phone: / / / / / - / / / / / - / / / / / / /

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 _____ First _____ MI ____
Title: _____
Address: _____
Street _____ or P.O. Box _____
City: _____ State: / / / Zip Code: / / / / / / /
Office Phone: / / / / / - / / / / / - / / / / / / / E-mail: _____
Cell Phone: / / / / / - / / / / / - / / / / / / /

(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 emergency situations (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: / / / / / / /
Office Phone: / / / / / - / / / / / - / / / / / / / E-mail: _____
Cell Phone: / / / / / - / / / / / - / / / / / / /

4. 24/7 Operator phone number for normal operations: Phone: / / / / / - / / / / / - / / / / / / /

5. 24/7 Operator Control Center phone number: Phone: / / / / / - / / / / / - / / / / / / /

6. Operator's Senior Executive Official:

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

7. Operator contact for information pertaining to NPMS submissions:

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

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: / / / / / / /
Office Phone: / / / / / - / / / / / - / / / / / / / E-mail: _____
Cell Phone: / / / / / - / / / / / - / / / / / / /

9. User Fee contact:

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