

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	<p>ANNUAL REPORT FOR CALENDAR YEAR 20____ HAZARDOUS LIQUID PIPELINE SYSTEMS</p>	<p>INITIAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/></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 2137-0614. Public reporting for this collection of information is estimated to be approximately 18 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.</p> <p>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 http://www.phmsa.dot.gov/pipeline.</p>		
PART A - OPERATOR INFORMATION		DOT USE ONLY
<p>1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)</p> <p style="text-align: center;">_/_/_/_/_</p>	<p>2. NAME OF COMPANY OR ESTABLISHMENT:</p> <p>_____</p> <p>IF SUBSIDIARY, NAME OF PARENT:</p> <p>_____</p>	
<p>3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:</p> <p>Name _____</p> <p>Title _____</p> <p>Email Address _____</p> <p>_____-_____-_____-_____-_____-_____-</p> <p>Telephone Number</p>	<p>4. HEADQUARTERS ADDRESS:</p> <p>Company Name _____</p> <p>Street Address _____</p> <p>State: ____ Zip Code: ____-____-____</p> <p>_____-_____-_____-_____-_____-_____-</p> <p>Telephone Number</p>	
<p>5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: <i>(Select Commodity Group based on the predominant commodity carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)</i></p> <p><input type="checkbox"/> Crude Oil</p> <p><input type="checkbox"/> Refined and/or Petroleum Product (non-HVL)</p> <p><input type="checkbox"/> HVL</p> <p><input type="checkbox"/> CO₂</p> <p><input type="checkbox"/> Fuel Grade Ethanol (dedicated system)</p>		
<p>6. CHARACTERIZE THE PIPELINES AND/OR PIPELINE FACILITIES COVERED BY THIS OPID AND COMMODITY GROUP WITH RESPECT TO COMPLIANCE WITH PHMSA'S INTEGRITY MANAGEMENT PROGRAM REGULATIONS (49 CFR 195.452). <i>(Select only one)</i></p> <p><input type="checkbox"/> NO portions of the pipelines and/or pipeline facilities covered by this OPID and Commodity Group are included in an Integrity Management Program subject to 49 CFR 195. If this box is checked, leave PARTs B, F, G, L, and O blank, but complete all remaining PARTs of this form in accordance with PART A, Question 8.</p> <p><input type="checkbox"/> Portions of SOME or ALL of the pipelines and/or pipeline facilities covered by this OPID and Commodity Group are included in an Integrity Management Program subject to 49 CFR 195. If this box is checked, complete all PARTs of this form in accordance with PART A, Question 8.</p>		

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 in which INTERstate pipelines and/or pipeline facilities included under this OPID exist: __, __, __, __, __, etc.

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

8. DOES THIS REPORT REPRESENT A CHANGE FROM LAST YEAR'S FINAL REPORTED NUMBERS FOR ONE OR MORE OF THE FOLLOWING PARTS: PART B, D, E, H, I, J, K, L, or M? (For calendar year 2010 reporting or if this is a first-time Report for an operator or OPID, Commodity Group(s), or pipelines and/or pipeline facilities, select the first box only. For subsequent years' reporting, select either No or one or both of the Yes choices.)

☐ This report is **FOR CALENDAR YEAR 2010** reporting or is a **FIRST-TIME REPORT** and, therefore, *the remaining choices in this Question 8 do not apply*. Complete all remaining PARTS of this form as applicable.

☐ NO, there are **NO CHANGES** from last year's final reported information for PARTs B, D, E, H, I, J, K, L, or M. Complete PARTs A, C, and N, along with PARTs F, G, and O when applicable.

☐ YES, this report represents a **CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION** for one or more of PARTs B, D, E, H, I, J, K, L, or M **due to corrected information**; however, *the pipelines and/or pipeline facilities and operations are the same* as those which were covered under last year's report. Complete PARTs A, C, and N, along with only those other PARTs which changed (including PARTs B, F, G, L, and O when applicable).

☐ YES, this report represents a **CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION** for PARTs B, D, E, H, I, J, K, L, or M because of one or more of the following **change(s) in pipelines and/or pipeline facilities and/or operations** from those which were covered under last year's report. Complete PARTs A, C, and N, along with only those other PARTs which changed (including PARTs B, F, G, L, and O when applicable). (Select all reasons for these changes from the following list)

- ☐ Merger of companies and/or operations, acquisition of pipelines and/or pipeline facilities
- ☐ Divestiture of pipelines and/or pipeline facilities
- ☐ New construction or new installation of pipelines and/or pipeline facilities
- ☐ Conversion of service, change in commodity transported, or change in MOP (maximum operating pressure).
- ☐ Abandonment of existing pipelines and/or pipeline facilities
- ☐ Change in HCA's identified, pipeline facilities or segments that could affect HCAs, or other changes to Operator's Integrity Management Program
- ☐ Change in OPID
- ☐ Other → Describe: _____

For the designated Commodity Group, complete PARTs B, C, D, and E one time for all pipelines and/or pipeline facilities – both INTERstate and INTRAstate - included within this OPID.

PART B - MILES OF PIPE BY LOCATION	
	Total Segment Miles That Could Affect HCAs
Onshore	
Offshore	
Total Miles	<i>Calc</i>

PART C - VOLUME TRANSPORTED IN BARREL-MILES (include Commodities within this Commodity Group that are not predominant)		
	Onshore	Offshore
Crude Oil		
Refined and/or Petroleum Product (non-HVL)		
HVL		
CO ₂		
Fuel Grade Ethanol (dedicated system)		

PART D - MILES OF STEEL PIPE BY CORROSION PROTECTION					
	Cathodically protected		Cathodically unprotected		Total Miles
	Bare	Coated	Bare	Coated	
Onshore					<i>Calc</i>
Offshore					<i>Calc</i>
Total Miles	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>

PART E - MILES OF ELECTRIC RESISTANCE WELDED (ERW) PIPE BY WELD TYPE AND DECADE						
Decade Pipe Installed	Pre-40 or Unknown	1940 -1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
High Frequency						
Low Frequency and DC						
Total Miles	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>
Decade Pipe Installed	1990 - 1999	2000 – 2009	2010 - 2019			Total Miles
High Frequency						<i>Calc</i>
Low Frequency and DC						<i>Calc</i>
Total Miles	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>			<i>Calc</i>

For the designated Commodity Group, complete PARTs F and G one time for all INTERstate pipelines and/or pipeline facilities included within this OPID and multiple times as needed for the designated Commodity Group for each State in which INTRAstate pipelines and/or pipeline facilities included within this OPID exist. Each time these sections are completed, designate the State to which the data applies for INTRAstate pipelines and/or pipeline facilities, or that it applies to all INTERstate pipelines included within this Commodity Group and OPID.

PARTs F and G
<p>The data reported in these PARTs F and G applies to: <i>(select only one)</i></p> <p><input type="checkbox"/> Interstate pipelines/pipeline facilities</p> <p><input type="checkbox"/> Intrastate pipelines/pipeline facilities in the State of <u> </u>/<u> </u>/<u> </u> <i>(complete for each State)</i></p>

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	
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	<i>Calc</i>
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 a segment that could affect an HCA and outside of a segment that could affect an HCA.	
c. Total number of conditions repaired WITHIN A SEGMENT THAT COULD AFFECT AN HCA meeting the definition of:	<i>Calc</i>
1. "Immediate repair condition" [195.452(h)(4)(i)]	
2. "60-day condition" [195.452(h)(4)(ii)]	
3. "180-day condition" [195.452(h)(4)(iii)]	
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 a segment that could affect an HCA and outside of a segment that could affect an HCA.	
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN A SEGMENT THAT COULD AFFECT AN HCA .	
d. Total number of pressure test leaks (less than complete wall failure but including escape of test medium) repaired in calendar year WITHIN A SEGMENT THAT COULD AFFECT AN HCA.	

(PART F continued)

4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON ECDA (EXTERNAL COROSION DIRECT ASSESSMENT)	
a. Total mileage inspected by ECDA in calendar year.	
b. Total number of anomalies identified by ECDA and repaired in calendar year based on the operator's criteria, both within a segment that could affect an HCA and outside of a segment that could affect an HCA.	
c. Total number of conditions repaired in calendar year WITHIN A SEGMENT THAT COULD AFFECT AN HCA meeting the definition of:	<i>Calc</i>
1. "Immediate repair condition" [195.452(h)(4)(i)]	
2. "60-day condition" [195.452(h)(4)(ii)]	
3. "180-day condition" [195.452(h)(4)(iii)]	
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.	
b. Total number of anomalies identified by other inspection techniques and repaired in calendar year based on the operator's criteria, both within a segment that could affect an HCA and outside of a segment that could affect an HCA.	
c. Total number of conditions repaired in calendar year WITHIN A SEGMENT THAT COULD AFFECT AN HCA meeting the definition of:	<i>Calc</i>
1. "Immediate repair condition" [195.452(h)(4)(i)]	
2. "60-day condition" [195.452(h)(4)(ii)]	
3. "180-day condition" [195.452(h)(4)(iii)]	
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 + 5.a)	<i>Calc</i>
b. Total number of anomalies repaired in calendar year both within a segment that could affect an HCA and outside of a segment that could affect an HCA. (Lines 2.b + 3.b + 4.b + 5.b)	<i>Calc</i>
c. Total number of conditions repaired in calendar year WITHIN A SEGMENT THAT COULD AFFECT AN HCA. (Lines 2.c.1 + 2.c.2 + 2.c.3 + 3.c + 3.d + 4.c.1 + 4.c.2 + 4.c.3 + 5.c.1 + 5.c.2 + 5.c.3)	<i>Calc</i>

PART G – MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (segment miles that could affect HCAs 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.	<i>Calc</i>

For the designated Commodity Group, complete PARTs H, I, J, K, L, and M covering INTERstate pipelines and/or pipeline facilities for each State in which INTERstate systems exist within this OPID and again covering INTRAsate pipelines and/or pipeline facilities for each State in which INTRAsate systems exist within this OPID.

PARTs H, I, J, K, L, and M
<p>The data reported in these PARTs H, I, J, K, L, and M applies to: <i>(select only one)</i></p> <p><input type="checkbox"/> Interstate pipelines/pipeline facilities in the State of <u> </u>/<u> </u>/<u> </u> <i>(complete for each State)</i></p> <p><input type="checkbox"/> Intrastate Pipelines/pipeline facilities in the State of <u> </u>/<u> </u>/<u> </u> <i>(complete for each State)</i></p>

PART H - MILES OF 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"
	42"	44"	46"	48"	52"	56"	58" and over	Other Pipe Sizes Not Listed	
								Size: <u> </u> Miles: <u> </u> Add Sizes as needed	
Calc	Total Miles of Onshore Pipe								
Offshore	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	22"	24"	26"	28"	30"	32"	34"	36"	38"
	42"	44"	46"	48"	52"	56"	58" and over	Other Pipe Sizes Not Listed	
								Size: <u> </u> Miles: <u> </u> Add Sizes as needed	
Calc	Total Miles of Offshore Pipe								

PART I - MILES OF PIPE BY DECADE INSTALLED							
Pre-20 or Unknown	1920 -1929	1930 -1939	1940 -1949	1950 – 1959	1960 – 1969	1970 – 1979	1980 – 1989
1990 - 1999	2000 - 2009	2010 - 2019					Total Miles
							Calc

PART J - MILES OF PIPE BY SPECIFIED MINIMUM YIELD STRENGTH					
	Pipeline Segments Subject to ALL 49 CFR 195 Requirements		Rural Low-Stress Pipeline Segments Subject ONLY to Subpart B of 49 CFR 195	Total Miles	
	Onshore	Offshore			
Steel Pipe - Operating at greater than 20% SMYS				<i>Calc</i>	
	Non-Rural Onshore	Rural Onshore	Offshore		
Steel Pipe - Operating at less than or equal to 20% SMYS				<i>Calc</i>	
Steel Pipe - Operating at an unknown stress level				<i>Calc</i>	
Non-Steel Pipe - Operating at greater than 125 psig				<i>Calc</i>	
Non-Steel Pipe - Operating at less than or equal to 125 psig				<i>Calc</i>	
Total Miles	<i>Calc</i>		<i>Calc</i>	<i>Calc</i>	

PART K - MILES OF REGULATED GATHERING LINES				
	Non-Rural Onshore	Rural Onshore	Offshore	Total Miles
Steel Pipe - Operating at greater than 20% SMYS				<i>Calc</i>
Steel Pipe - Operating at less than or equal to 20% SMYS				<i>Calc</i>
Non-Steel Pipe - Operating at greater than 125 psig				<i>Calc</i>
Non-Steel Pipe - Operating at less than or equal to 125 psig				<i>Calc</i>
Total Miles	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>	<i>Calc</i>

PART L - TOTAL SEGMENT MILES THAT COULD AFFECT HCAs						
	BY TYPE OF HCA					NOT BY TYPE
	POPULATION AREAS		USAs		COMMERCIALLY NAVIGABLE WATERWAYS	TOTAL SEGMENT MILES THAT COULD AFFECT HCA'S
	High Population	Other Population	Drinking Water	Ecological Resource		
Onshore						
Offshore						

PART M - BREAKOUT TANKS					
Commodity Group	Total Number of Tanks Less than or equal to 50,000 Bbls	Total Number of Tanks 50,001 to 100,000 Bbls	Total Number of Tanks 100,001 to 150,000 Bbls	Total Number of Tanks Over 150,000 Bbls	Total Number of Tanks
Crude Oil					<i>Calc</i>
Refined and/or Petroleum Product (non-HVL)					<i>Calc</i>
HVL					<i>Calc</i>
CO ₂					<i>Calc</i>
Fuel Grade Ethanol (dedicated system)					<i>Calc</i>

PART N - PREPARER SIGNATURE (applicable to all PARTs A - M)	
_____ Preparer's Name (type or print)	_____ Telephone Number
_____ Preparer's Title	_____ Facsimile Number
_____ Preparer's E-mail Address	

PART O – CERTIFYING SIGNATURE (applicable only to PARTs B, F, G, and L)	
_____ Senior Executive Officer's signature certifying the information in PARTs B, F, G, and L as required by 49 U.S.C. 60109(f)	_____ Telephone Number
_____ Senior Executive Officer's name certifying the information in PARTs B, F, G, and L as required by 49 U.S.C. 60109(f)	
_____ Senior Executive Officer's title certifying the information in PARTs B, F, G, and L as required by 49 U.S.C. 60109(f)	
_____ Senior Executive Officer's E-mail Address	