Form Approved OMB No. 2137-0627 Expiration Date: 12/31/2014



U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration

OPID ASSIGNMENT REQUEST

DOT USE ONLY

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.

STE	EP 1 – ENTER BASIC REPORT INFORMATION
Dat	e of this OPID Assignment Request: <u>/ / / Day Year</u>
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
	Approximate start date of construction: / / / / / / / / / / / / Month Day Year
	Anticipated date of operational start-up: //// /// /// /// /// Month Day Year
	☐ Existing pipelines and/or facilities
	□ No
	☐ Yes ➡ 2b. Is the previous OPID Number known?
	□ No □ Yes ➡ List previous OPID Number: / <u>/ / / / /</u>
	Previous Operator name:
	·
3.	Name of Operator as you would like it to appear in PHMSA records:
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: / / / / -/ / / -/ / / / -/ / / /
7.	Is this Operator a wholly owned subsidiary of another company? ☐ No ☐ Yes ➡ Company name:
	[End STEP 1]

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STEP	2 - ENTER	DESCRIPTI	ON OF
PIPFI	INFS AND/	OR FACILIT	IFS

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 ☐ Other Gas ➡ Name:
	☐ Gas Transmission ☐ Gas Transmission ☐ Natural Gas ☐ Propane Gas ☐ Synthetic Gas ☐ Hydrogen Gas ☐ Other Gas ➡ Name:
	☐ Gas Storage Facilities 🖒 Total number: ///
	☐ Gas Gathering
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?
	[STEP 2 continued]

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3. For the top level pipeline and/or	r facility type selected in STEP 2, Question 1, comp	elete the following:	
	ne plant(s) and/or facility(ies) covered by this OP 3a and 3b for each set of Interstate assets and/or Ir		
☐ Interstate	☐ Intrastate		
3a. N	lumber of LNG Plants or Facilities covered by this C	OPID Assignment Req	juest: ///
3b. Li	ist all of the States and Counties in which these pla	nt(s)/facility(ies) are p	hysically located:
	State 1: //_ Counties:		
	State 2: // Counties:		
	State 3: // Counties:		
	State 4: // Counties:		
	(Add States as needed)		
Question 3b for each type of operator	nd/or facilities covered by this OPID Assignment Reports elected) The provided HTML reports and	equest are: (select Ty	rpe(s) of Operator, and complete
	☐ Municipal	State : //	(Add States as needed)
	☐ Privately Owned	State : //	(Add States as needed)
	☐ LPG	State: ///	(Add States as needed)
	☐ Select this box if the LPG Distrib serve fewer than 100 customers from		or facility(ies)
	☐ LNG	State: ///	(Add States as needed)
	☐ Master Meter	State: //	(Add States as needed)
	Other (Co-ops, Public Utility Districts, etc.) Describe:		(Add States as needed)
3b. A	pproximate number of regulated miles of Mains:	<i> </i>	_/// miles
[STEP 2 continued]			

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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:
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)

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and/or Intrastate, and comple		acilities covered by this OPID Assignment Request are: (select Interstate nterstate assets and/or Intrastate assets, and for each selection of Gas h is selected)
☐ Interstate	☐ Intrastate	
☐ Onsho	re	
;	3a. Approximate number of regulated	d transmission/trunkline pipeline miles: //// miles
;	3b. List all of the States and Counties	s in which these pipelines are physically located:
	State 1: //	Counties:
	State 2: //	Counties:
	State 3: //	Counties:
	State 4: ///	Counties:
	(Add States as needed)	
;	3c. Approximate number of regulated	Hazardous Liquid gathering miles: ///// miles
;	3d. List all of the States and Counties	s in which these Hazardous Liquid gathering lines are physically located:
	State 1: ///	Counties:
	State 2: //	Counties:
	State 3: ///	Counties:
	State 4: ///	Counties:
	(Add States as needed)	
		s in which other facilities (including storage/breakout tanks) are physically d Counties listed in Questions 3b or 3d above:
	State 1: //	Counties:
	State 2: //	Counties:
	State 3: //	Counties:
	State 4: //	Counties:
	(Add States as needed)	
[STEP 2 continued]		

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☐ Offshore 3g. Approximate number of regulated transmission/trunkline pipeline miles: /__/__/__/__/__/ miles 3h. Approximate number of regulated hazardous liquid gathering miles: 3i. If Interstate, list all of the OCS Areas in which these Interstate pipelines and/or facilities are physically located: ☐ OCS Atlantic ☐ OCS Gulf of Mexico ☐ OCS Pacific ☐ OCS Alaska 3j. If Interstate or Intrastate, 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) 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. [End STEP 2]

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STEP 3 - PROVIDE PHMSA-REQUIRED PIPELINE SAFETY PROGRAM OR LNG SAFETY PROGRAM **INFORMATION**

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.

Important Instruction to Operator: When a common PHMSA-required pipeline safety program(s) or LNG safety program(s) exists which covers

OPIDs is "primary" referred to when P	iple OPID numbers, the Operators assigned those OPIDs are required to inform PHMSA as to which one of the various or the purposes of PHMSA inspections and Operator Registry Reporting (e.g., which OPID should be contacted and HMSA or a state exercising jurisdiction intends to inspect that safety program), and must do so for each PHMSA-required pram or LNG safety program listed below.
	nes and/or facilities covered by this OPID Assignment Request included with other OPIDs for the purposes of compliance or PHMSA-required pipeline safety program(s) or LNG safety program(s)? (select only one)
responsib	known at this time. (Note: The Operator must submit an Operator Registry Notification informing PHMSA of the primary bility for managing or administering these PHMSA-required safety programs within 60 days after they <i>are</i> known. Operators ote that many of these programs are required to be in place before initial operations of the pipelines and/or facilities ce.)
	ne pipelines and/or facilities covered by this OPID Assignment Request have their own <u>independent PHMSA-required</u> safety 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, Qu	estion 1 continued]

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☐ 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, 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. Dublic Awareness/Education Program (192.616, 195.440) 1e. ☐ Control Room Management Procedures (192.631, 195.446) 1f. Doperator Qualification Program (192.805, 195.505) 1h.
Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101) 1i. ☐ LNG Plans & Procedures (193.2017) [End STEP 3]

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STI	EP 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	n 49 CFR Parts 191-199, i.e. the primary contact for regulatory issues:
	Name: Last	First MI _
	Title:	<u> </u>
	Address:	or P.O. Box
	City:	State: / / / Zip Code: / / / / /
	City.	State. 1 1 Zip Code. 1 1 1 1 1
	Phone: / / / -/ -/ / / -	<u>/ / / / /</u> E-mail:
2.	Operator contact for information pertaining to each PHMSA Regional Office where pipelines at	o PHMSA's inspection scheduling, if different from above: (Provide one contact for nd/or facilities covered by this OPID Assignment Request are physically located)
	2a. PHMSA Region:	_
	Name: Last	
	Title: Address:	_
		or P.O. Box
		State: / / / Zip Code: / / / / /
		/// E-mail:
3.	24/7 Operator contact for <u>emergency situation</u> etc.):	<u>ns</u> (natural disasters, national emergencies, security threats, extreme weather events,
	Name: Last	First MI _
	Title:	
	Address:	D 0 D
		or P.O. Box
	City:	State: / / / Zip Code: / / / / /
	Phone: / / / / -/ / / /	<u>/ / / / / /</u> E-mail:
4.	24/7 Operator phone number for normal oper	rations: Phone: / / / / -/ / / / -/ / / /
5.	24/7 Operator <u>Control Center</u> phone number:	Phone: / / / / - / / / - / / / - / / / /
	[STEP 4 continued]	

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	Operator's Senior Executive Official:		
	Name: Last		MI _
	Title: Address:	_	
	Street		or P.O. Box
	City: 8	State: / / /	Zip Code: //_/_/_/
	Phone: / / / / -/ / / / -/	1 1 1	<u>/</u> E-mail:
c	Operator contact for information pertaining to N	IPMS submission	ons:
	Name: Last	_ First	MI _
	Title:	_	
	Address: Street		or P.O. Box
			Zip Code: /_ / / / / /
	·	·	· —
	Phone: / / / / - / / / / - / / / / - / / / - / / - / / / - / / / - / / / - / / / - / / - / / - / / - / / - / / - / / - / / - / / / - / / - / / - / / / - / / / - / / / - / / - / / / - / / / - / / / / - / / / / - / / / / / - / / / / / - / / / / / - / / / / / / / / - /	/ / /	<u>/</u> E-mail:
_	Operator contact responsible for assuring comp	alianco with DO	T's Anti-Drug and Alcohol Misuse regulations (49 CFR 199):
•	Name: Last		,
	Title:		
	Address:		
	Street		
	City:	State: <u>/ / /</u>	Zip Code: //_/_/_/
	Phone: / / / / -/ / / / -/	1 1 1	<u>/</u> E-mail:
ι	Jser Fee contact:		
	Name: Last	_ First	MI _
	Title:	_	
	Address: Street		or D.O. Boy
	CITV'	State: <u>/ / /</u>	Zip Code: / / / / / /
	Only		
	·	/ / /	/ E-mail: