0	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	OPID ASS	GIGNMENT REQU	EST	DOT USE ONLY	
comply w a current of informa and comp regarding	Safety Administration 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 displays a 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:	/_/_/_/_/_/_/ Month Day	<u>/ / /</u> Year			
1.	Are the pipelines and/or facilities co CFR Parts 191, 192, 193, 194, and/		nment Request subjec	ct to regulation und	ler all or any part of 49	
	□ Yes					
	□ No 🖒 No further action ne	eded.				
2.	Are the pipelines and/or facilities co	vered by this OPID Assig	nment Request:			
	Newly constructed pipelin	es and/or facilities				
		kimate start date of cons	Month	/ / / / / / Day Yea / / / / / Day Yea	<u> </u>	
	 Existing pipelines and/or fa No Yes E 	2b. Is the previous O □ No	ey previously operated	I under another OF	PID?	
		F	revious Operator nam	e:		
3.	Name of Operator:					
4.	Operator Headquarters address:					
				Zip Code: / /	/ / / /	
5.	Name of Operator contact for this O	PID Assignment Reques		MI		
6.	Phone number of Operator contact					
-	Email address for Operator contact:	-				
7.	Is this Operator a wholly owned sub ☐ No ☐ Yes ➡ Company name:	sidiary of another compa	iny?			

Γ

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 commodii 	this OPID Assignment Request are associated with the following types of facilities and ties: (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 → □ 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 S Jas
	c ➡ Total number: ////
Gas Gathering	
□ Crude Oil □ Refined and □ HVL or Anh □ Anhyc □ LPG (□ Other □ CO2 (Carbo	nkline (regulated non-gathering) d/or Petroleum Product (non-HVL) nydrous Ammonia drous 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 Hazardous Liquid Bre	akout Tanks \Rightarrow Total number : ////

Will any single pipeline or pipeline facility included in this OPID Assignment Request be subject to BOTH 49 CFR Part 192 2. 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	
:	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 pipelir	nes 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)
	Select this box if the LPG Distribution pipeline(s) and/or facility(ies) serve fewer than 100 customers from a single source.
	Cooperative State: // Miles: //_/ _/_/_/_/_/_/_/_/_/_/
	Master Meter State : //_/ Miles: //_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/
	Other Ownership (State : // Miles: //_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_/
	Describe Ownership:
:	3b. Approximate number of regulated miles of Mains: <u>calc</u> miles
For Gas Gathering, the pipeline	es covered by this OPID Assignment Request are:
Onshore	
	3a. Approximate number of regulated gathering pipeline miles: <u>calc</u> miles
:	3b. List all of the States in which these pipelines are physically located:
	State 1: //_/ Miles: //_/_/_/_/_/_/_/_/_/
	State 2: //_/ Miles: //_/_/_/_/_/_/_/_/_/_/_/
	(Add States as needed)
□ Offsho	re

3c. Approximate number of regulated gathering pipeline miles: <u>calc</u> miles

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

OCS Atlantic	Miles:	/////////
OCS Gulf of Mexico	Miles:	////////
OCS Pacific	Miles:	////////
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: //_/ Counties:/	Miles:	////////
State 2: // 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:	//
State 2:	//

	- ·
/	Counties:

(Add States as needed)

□ Offshore

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

Counties:

3h. Reserved

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

OCS Atlantic	Miles:	////////
OCS Gulf of Mexico	Miles:	///////
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:	///////
State 2: ///	Miles:	///////
(Add States 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.

geographic location of the pipelines and/or facilities covered by this OPID Assignment Request.		
·		

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

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);

[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, and Hazardous Liquid Pipeline Facilities] 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).

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 <u>independent</u> 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)

1c. Damage Prevention Program (192.614, 195.442)

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

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

1f. Doperator Qualification Program (192.805, 195.505)

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

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

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

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

	IOm	ns of Agency-Operator interaction that may occur.
1.	Operator contact overseeing compliance with	1 49 CFR Parts 191-199, i.e. the primary contact for regulatory issues:
	Name: Last	First MI _
	Title:	
	Address:	or P.O. Box
	City:	011.0. D0A State: / / / Zip Code: / / / / / / /
	Office Phone: //_/_//_/_/_/_ Cell Phone: //_/_//_/_/_/_/	<u>/</u> -/_///E-mail:
2.		D PHMSA's inspection scheduling, if different from above: (Provide one pipelines and/or facilities covered by this OPID Assignment Request are
	2a. PHMSA Region:	_
	Name: Last	First MI
	Address:	_
	Street	or P.O. Box State: / _/ Zip Code: / _/ / / / /
	City:	State: / / / Zip Code: / / / / / /
	Office Phone: / / / / -/ -/ / / Cell Phone: / / / / -/ -/ / /	<u>/</u> -/ <u>/</u> / E-mail:
	(Add additional Operator contacts for other PHM Assignment Request are physically located, cont	SA Regional Offices where pipelines and/or facilities covered by this OPID tinuing with 2b, 2c, etc. as needed.)
3.	Assignment Request are physically located, cont	
3.	Assignment Request are physically located, cont 24/7 Operator contact for <u>emergency situation</u>	<i>tinuing with 2b, 2c, etc. as needed.)</i> <u>ns</u> (natural disasters, national emergencies, security threats, extreme weath
3.	Assignment Request are physically located, contended of the second secon	<i>tinuing with 2b, 2c, etc. as needed.)</i> <u>ns</u> (natural disasters, national emergencies, security threats, extreme weath
3.	Assignment Request are physically located, contended of the second secon	<i>inuing with 2b, 2c, etc. as needed.)</i> <u>ns</u> (natural disasters, national emergencies, security threats, extreme weath First MI
3.	Assignment Request are physically located, contended of the second secon	<i>inuing with 2b, 2c, etc. as needed.)</i> <u>ns</u> (natural disasters, national emergencies, security threats, extreme weath First MI
3.	Assignment Request are physically located, contended of the second secon	tinuing with 2b, 2c, etc. as needed.) <pre>ns (natural disasters, national emergencies, security threats, extreme weath</pre>
3.	Assignment Request are physically located, contended of the second secon	<i>inuing with 2b, 2c, etc. as needed.)</i> <u>ns</u> (natural disasters, national emergencies, security threats, extreme weath First MI
3.	Assignment Request are physically located, contact 24/7 Operator contact for emergency situation events, etc.): Name: Last	tinuing with 2b, 2c, etc. as needed.) <pre>ns (natural disasters, national emergencies, security threats, extreme weath</pre>
4.	Assignment Request are physically located, contact 24/7 Operator contact for emergency situation events, etc.): Name: Last	<i>inuing with 2b, 2c, etc. as needed.) ns</i> (natural disasters, national emergencies, security threats, extreme weath
	Assignment Request are physically located, cont 24/7 Operator contact for emergency situation events, etc.): Name: Last Title: Address: Street City: Office Phone: / / Office Phone: / / 24/7 Operator phone number for normal operator 24/7 Operator Control Center phone number:	<i>inuing with 2b, 2c, etc. as needed.) ns</i> (natural disasters, national emergencies, security threats, extreme weath
4. 5.	Assignment Request are physically located, contact 24/7 Operator contact for emergency situation events, etc.): Name: Last	<i>inuing with 2b, 2c, etc. as needed.</i>) <i>ns</i> (natural disasters, national emergencies, security threats, extreme weath
4. 5.	Assignment Request are physically located, contact 24/7 Operator contact for emergency situation events, etc.): Name: Last	<i>inuing with 2b, 2c, etc. as needed.</i>) <i>ns</i> (natural disasters, national emergencies, security threats, extreme weath
4. 5.	Assignment Request are physically located, contact 24/7 Operator contact for emergency situation events, etc.): Name: Last	<i>inuing with 2b, 2c, etc. as needed.) ns</i> (natural disasters, national emergencies, security threats, extreme weath
4. 5.	Assignment Request are physically located, control 24/7 Operator contact for <u>emergency situation</u> events, etc.): Name: Last Title: Address: City: Office Phone: / / / / -/ / / Cell Phone: / / / / -/ / / 24/7 Operator phone number for <u>normal opera</u> 24/7 Operator <u>Control Center</u> phone number: Operator's Senior Executive Official: Name: Last Title: Address: Street	tinuing with 2b, 2c, etc. as needed.) ns (natural disasters, national emergencies, security threats, extreme weath First or P.O. Box State: / / / Zip Code: / / / / / / / / /-// / / E-mail: ations: Phone: / / / / -/ / / / -/ / / / / / Phone: / / / / -/ / / / / / / / / / / / / / /
4. 5.	Assignment Request are physically located, control 24/7 Operator contact for <u>emergency situation</u> events, etc.): Name: Last Title: Address: City: Office Phone: / / / / -/ / / Cell Phone: / / / / -/ / / 24/7 Operator phone number for <u>normal opera</u> 24/7 Operator <u>Control Center</u> phone number: Operator's Senior Executive Official: Name: Last Title: Address: Street	<i>inuing with 2b, 2c, etc. as needed.) ns</i> (natural disasters, national emergencies, security threats, extreme weath

7. Operator contact for information pertaining to NPMS submissions:

	Name: Last Title:		MI	
	Address:		or P.O. Box	
			Zip Code: / / / / / /	
	Office Phone: //_/_/_/_/_/ Cell Phone: //_/_/_/_/_/	/ /-/ / / / _/-/ / /	/ / E-mail:	-
8.	Operator contact responsible for assuring contract 199):	ompliance with D	OT's Anti-Drug and Alcohol Misuse regulations (4	9 CFR
	Name: Last Title:		MI _	
	Address: Street		or P.O. Box	
			Zip Code: / / / / / /	
	Office Phone: //_/_/_/_/_/ Cell Phone: //_/_/_/_/_/_/	/ /-/ / / /	<u>/ /</u> E-mail:	_
9.	User Fee contact:			
	Name: Last Title:		MI	
	Address: Street		or P.O. Box	
			Zip Code: / / / / / /	
	Office Phone: / / / / / -/ / /	<u> </u>	<u>/ /</u> E-mail:	_

Office Phone:	/ /		/ - /			<u> </u>				/	
Cell Phone: /	/	/	/ - /	/	/	/ - /	/	/	/	/	