Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed $100,000 for each violation for each day the violation continues up to a maximum of $1,000,000 as provided in 49 USC 60122.

Form Approved
OMB No. 2137-0522
Expires: 01/31/2014

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 20___ NATURAL OR OTHER GAS TRANSMISSION and GATHERING SYSTEMS**	INITIAL REPORT ☐ SUPPLEMENTAL REPORT ☐

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 2137-0522. Public reporting for this collection of information is estimated to be approximately 22 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.

Important: Please read the separate instructions for completeing this form before you begin.

PART A - OPERATOR INFORMATION

DOT USE ONLY

1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)

/____/____/____/____/____/

2. NAME OF COMPANY OR ESTABLISHMENT:

_____

IF SUBSIDIARY, NAME OF PARENT:

_____

3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:

_____
Name

_____
Title

_____
Email Address

/__/__/__/-/__/__/__/-/__/__/__/__/
Telephone Number

4. HEADQUARTERS ADDRESS:

_____
Company Name

_____
Street Address

State: /__/__/__/ Zip Code: /__/__/__/__/__/ - /__/__/__/__/

/__/__/__/-/__/__/__/-/__/__/__/__/
Telephone Number

5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: *(Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)*

☐ Natural Gas

☐ Synthetic Gas

☐ Hydrogen Gas

☐ Propane Gas

☐ Other Gas → Name of Other Gas _____

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 192 Subpart O). *(Select only one)*

☐ 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 192. If this box is checked, leave PARTs B, F, G, and the "HCA" portions of M1 blank, but complete all remaining PARTs of this form in accordance with PART A, Question 8**.**

☐ 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 192. If this box is checked, complete all PARTs of this form in accordance with PART A, Question 8**.**

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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.

☐ INTRAstate pipeline → List all of the States in which INTRAstate 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, or L? *(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, or L. Complete PARTs A, C, M, 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, or L ***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, M, and N, along with only those other PARTs which changed (including PARTs B, F, G, 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, or L 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, M, and N, along with only those other PARTs which changed (including PARTs B, F, G, 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 to service, change in commodity transported, or change in MAOP (maximum allowable operating pressure).
☐ Abandonment of existing pipelines and/or pipeline facilities
☐ Change in HCA's identified, HCA Segments, or other changes to Operator's Integrity Management Program
☐ Change in OPID
☐ Other → Describe: _____

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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 – TRANSMISSION PIPELINE HCA MILES	
	Number of HCA Miles in the IMP Program
Onshore	
Offshore	
Total Miles	

PART C - VOLUME TRANSPORTED IN TRANSMISSION PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludesTransmission lines of Gas Distribution systems)	☐ **Check this box and proceed to PART D without completing this PART C if this report only includes gathering pipelines or transmission lines of gas distribution systems.**	
	Onshore	**Offshore**
Natural Gas		
Propane Gas		
Synthetic Gas		
Hydrogen Gas		
Other Gas → Name: _____		

PART D - MILES OF STEEL PIPE BY CORROSION PROTECTION					
	Cathodically protected		Cathodically unprotected		Total Miles
	Bare	Coated	Bare	Coated	
Transmission					
Onshore					
Offshore					
Subtotal Transmission					
Gathering					
Onshore Type A					
Onshore Type B					
Offshore					
Subtotal Gathering					
Total Miles					

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PART E - MILES OF non-STEEL PIPE BY TYPE AND LOCATION					
	Cast Iron Pipe	Wrought Iron Pipe	Plastic Pipe	Other Pipe	Total Miles
Transmission					
Onshore					
Offshore					
Subtotal Transmission					
Gathering					
Onshore Type A					
Onshore Type B					
Offshore					
Subtotal Gathering					
Total Miles					

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For the designated Commodity Group, complete PARTs F and G <u>one time for all INTERstate pipelines and/or pipeline facilities</u> included within this OPID and multiple times as needed for the designated Commodity Group <u>for each State in which INTRAstate pipelines and/or pipeline facilities</u> 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

The data reported in these PARTs F and G applies to: *(select only one)*

☐ **Interstate pipelines/pipeline facilities**

☐ **Intrastate pipelines/pipeline facilities in the State of /__/__/** *(complete for each State)*

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)	
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 an HCA Segment and outside of an HCA Segment.	
c. Total number of conditions repaired WITHIN AN HCA SEGMENT meeting the definition of:	
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
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 an HCA Segment and outside of an HCA Segment.	
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN AN HCA SEGMENT.	
d. Total number of pressure test leaks (less than complete wall failure but including escape of test medium) repaired in calendar year WITHIN AN HCA SEGMENT.	

(PART F continued)

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4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods)	
a. Total mileage inspected by each DA method in calendar year.	
1. ECDA	
2. ICDA	
3. SCCDA	
b. Total number of anomalies identified by each DA method and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	
1. ECDA	
2. ICDA	
3. SCCDA	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
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 an HCA Segment and outside of an HCA Segment.	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	
1. "Immediate repair conditions" [192.933(d)(1)]	
2. "One-year conditions" [192.933(d)(2)]	
3. "Monitored conditions" [192.933(d)(3)]	
4. Other "Scheduled conditions" [192.933(c)]	
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.1 + 4.a.2 + 4.a.3 + 5.a)	
b. Total number of anomalies repaired in calendar year both within an HCA Segment and outside of an HCA Segment. (Lines 2.b + 3.b + 4.b.1 + 4.b.2 + 4.b.3 + 5.b)	
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c.1 + 2.c.2 + 2.c.3 + 2.c.4 + 3.c + 3.d + 4.c.1 + 4.c.2 + 4.c.3 + 4.c.4 + 5.c.1 + 5.c.2 + 5.c.3 + 5.c.4)	

PART G– MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Segment miles 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.	

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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 INTRAstate pipelines and/or pipeline facilities for each State in which INTRAstate systems exist within this OPID.

PARTs H, I, J, K, L, and M

The data reported in these PARTs H, I, J, K, L, and M applies to: ***(select only one)***

☐ **Interstate pipelines/pipeline facilities in the State of /__/__/** *(complete for each State)*

☐ **Intrastate Pipelines/pipeline facilities in the State of /__/__/** *(complete for each State)*

PART H - MILES OF TRANSMISSION 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: __ Miles: _____ *Add Sizes as needed*	
	Total Miles of Onshore Pipe - Transmission								
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: __ Miles: _____ *Add Sizes as needed*	
	Total Miles of Offshore Pipe - Transmission								

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PART I - MILES OF GATHERING PIPE BY NOMINAL PIPE SIZE (NPS)									
Onshore Type A	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: __ Miles: _____ *Add Sizes as needed*	
	Total Miles of Onshore Type A Pipe - Gathering								
Onshore Type B	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: __ Miles: _____ *Add Sizes as needed*	
	Total Miles of Onshore Type B Pipe - Gathering								
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: __ Miles: _____ *Add Sizes as needed*	
	Total Miles of Offshore Pipe - Gathering								

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PART J – MILES OF PIPE BY DECADE INSTALLED

Decade Pipe Installed	Pre-40 or Unknown	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
Transmission						
Onshore						
Offshore						
Subtotal Transmission						
Gathering						
Onshore Type A						
Onshore Type B						
Offshore						
Subtotal Gathering						
Total Miles						

Decade Pipe Installed	1990 - 1999	2000 - 2009	2010 - 2019			Total Miles
Transmission						
Onshore						
Offshore						
Subtotal Transmission						
Gathering						
Onshore Type A						
Onshore Type B						
Offshore						
Subtotal Gathering						
Total Miles						

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PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH

ONSHORE	CLASS LOCATION				Total Miles
	Class I	Class 2	Class 3	Class 4	
Less than or equal to 20% SMYS					
Greater than 20% SMYS but less than or equal to 30% SMYS					
Greater than 30% SMYS but less than or equal to 40% SMYS					
Greater than 40% SMYS but less than or equal to 50% SMYS					
Greater than 50% SMYS but less than or equal to 60% SMYS					
Greater than 60% SMYS but less than or equal to 72% SMYS					
Greater than 72% SMYS but less than or equal to 80% SMYS					
Greater than 80% SMYS					
Unknown percent of SMYS					
All Non-Steel pipe					
Onshore Totals					
OFFSHORE	Class I				
Less than or equal to 50% SMYS					
Greater than 50% SMYS but less than or equal to 72% SMYS					
Offshore Total					
Total Miles					

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PART L - MILES OF PIPE BY CLASS LOCATION

	Class Location				Total Class Location Miles	HCA Miles in the IMP Program
	Class I	Class 2	Class 3	Class 4		
Transmission						
Onshore						
Offshore						
Subtotal Transmission						
Gathering						
Onshore Type A						
Onshore Type B						
Offshore						
Subtotal Gathering						
Total Miles						

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PART M – INCIDENTS, FAILURES, LEAKS, AND REPAIRS

PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; INCIDENTS & FAILURES IN HCA SEGMENTS IN CALENDAR YEAR

Cause	Transmission Incidents, Leaks, and Failures						Gathering Leaks		
	Incidents in HCA Segments	Leaks				Failures in HCA Segments	Onshore Leaks		Offshore Leaks
		Onshore Leaks		Offshore Leaks					
		HCA	Non-HCA	HCA	Non-HCA		Type A	Type B	
External Corrosion									
Internal Corrosion									
Stress Corrosion Cracking									
Manufacturing									
Construction									
Equipment									
Incorrect Operations									
Third Party Damage/Mechanical Damage									
Excavation Damage									
Previous Damage (due to Excavation Activity)									
Vandalism (includes all Intentional Damage)									
Weather Related/Other Outside Force									
Natural Force Damage (all)									
Other Outside Force Damage (excluding Vandalism and all Intentional Damage)									
Other									
Total									

PART M2 – KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

Transmission		Gathering	

PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

Transmission		Gathering	
Onshore		Onshore Type A	
		Onshore Type B	
OCS		OCS	
Subtotal Transmission		Subtotal Gathering	
Total			

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For the designated Commodity Group, complete PART N one time for all of the pipelines and/or pipeline facilities included within this OPID, and then also PART O if any portion(s) of the pipelines and/or pipeline facilities covered under this Commodity Group and OPID are included in an Integrity Management Program subject to 49 CFR 192.

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 M1)

Senior Executive Officer's signature certifying the information in PARTs B, F, G, and M 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 M as required by 49 U.S.C. 60109(f)

Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

Senior Executive Officer's E-mail Address

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