

**Public Burden Statement**

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<b>OPS Integrity Management Database</b> New Notification Form				
<b>Operator:</b>				
<b>Submitted by:</b>			<b>Job Title:</b>	
<b>Contact Email:</b>		<b>Contact Phone:</b>		<b>Date Submitted:</b>
<b>Type:</b> (at least one must be checked) <input type="checkbox"/> Repair <input type="checkbox"/> Technology <input type="checkbox"/> Interval <input type="checkbox"/> Long-Term Pressure Reduction <input type="checkbox"/> Biofuels				
<b>Summary:</b> Brief summary statement describing the purpose of the notification:   				
<b>Commodity:</b>			<b>Size:</b>	
<b>Material:</b>		<b>Weld Type:</b>		<b>Coatings:</b>
<b>Design Pressure:</b>		<b>MOP:</b>		<b>Wall Thickness:</b>
<b>Year Manufactured:</b>	<b>Year Installed:</b>	<b>Date Last Pigged:</b>		<b>Pigging Report:</b> <b>Last Hydro:</b> Date last hydro was performed.

<b>Additional Pipeline Details:</b> Provide any additional details about the affected pipeline.		
<b>Segment Location:</b> Information about location of affected segment(s), such as milepost, country, state, etc. (report for each affected segment.) Instead you may enter "Entire System" if applicable.		
<b>Segment Details:</b> Enter any additional information describing the affected segment(s).		
<b>Must check one:</b> <input type="checkbox"/> Interstate Pipeline <input type="checkbox"/> Intrastate Pipeline	<b>Affected States:</b>	<b>HCA Miles:</b> Length of segment that "can affect" HCA
<b>Type of HCA Affected:</b> (Can be more than one)		
<input type="checkbox"/> High Population Area	<input type="checkbox"/> Ecological USA (If checked, also enter the Resources Affected below)	<input type="checkbox"/> Drinking Water USA
<input type="checkbox"/> Other Populated Area	<input type="checkbox"/> Navigable waters	
<b>HCA Interaction:</b> Describe the nature of HCA interaction (intersects, release can affect, etc.)		

Use one of the following five forms, as appropriate.

## Notification Form – Repair Section

**Category:** (at least one must be checked)

Immediate

60-day

180-day

**Defects:** Provide a description of defects requiring repair. Be sure to indicate whether multiple and/or clustered defects exist. Characterize any defects that have been excavated.

**Repairs Required:** Provide a description of the repairs needed

**Reason for Delay:** Describe factors within and outside of operator's control.

**Pressure Reason:** Explain why pressure cannot be reduced. Justify adequate safety for the operating period expected.

**Safety Basis:** Basis for concluding delay will not jeopardize public safety or environmental protection.

**Schedule:** Proposed schedule for repair.

**Mitigation:** Describe other mitigative actions planned.

**Other info:** Other information relevant for PHMSA review. If additional supporting material has been forwarded by email, provide a brief description below.

## Notification Form – Technology Section

**Assessment Schedule:** Scheduled date of assessment.

**Description:** Description of other technology to be used.

**Equivalency Basis:** Basis for concluding the “equivalent understanding” of pipe condition will be provided.

**Other Info:** Other information relevant for PHMSA review. If additional supporting material has been forwarded by email, provide a brief description below.

## Notification Form – Interval Section

**Basis Type:** (at least one type must be checked)

Engineering Basis

Unavailable Technology

**Last Assessment:** Provide both the date of the last assessment and the method

**New Interval:** Proposed new interval (applies only to engineering basis).

**Schedule:** Proposed schedule for completion (applies only to unavailable technology).

**Additional Actions:** Actions to provide equivalent understanding (engineering basis), or interim evaluation of pipeline integrity (unavailable technology) .

**Basis:** Summary of engineering basis for extended interval, or reason why required interval cannot be met.

**Other Info:** Other information relevant for PHMSA review. If additional supporting material has been forwarded by email, provide a brief description below.

## Notification Form – Long-Term Pressure Reduction Section

**Reason for Delay:** Describe factors within and outside of operator's control.

**Remedial Actions:** Describe further remedial actions planned or taken.

**Other Info:** Other information relevant for PHMSA review. If additional supporting material has been forwarded by email, provide a brief description below.

## Notification Form – Biofuels Section

**Notification Sub-Type :** (eg. Batch Test, Commercial Movement, etc.)

**Biofuels Info:** Describe further info related to Biofuels.

**Other Info:** Other information relevant for PHMSA review. If additional supporting material has been forwarded by email, provide a brief description below.

**Notification Sub-Type :** (eg. Batch Test, Commercial Movement, etc.)

**Biofuels Info:** Describe further info related to Biofuels.

**Other Info:** Other information relevant for PHMSA review. If additional supporting material has been forwarded by email, provide a brief description below.