Notice: This report is required by 49 CFR Part 195. 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. 2137-0614
Expires: 12/31/2015

		DOT USE ONLY	
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 20___** **HAZARDOUS LIQUID PIPELINE SYSTEMS**	**Initial Date Submitted**	
		Report Submission Type	
		Date Submitted	

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 19 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. 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/library/forms.*

PART A - OPERATOR INFORMATION	DOT USE ONLY								
1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID) / / / / / / /	2. NAME OF OPERATOR: _____								
3. Reserved	4. HEADQUARTERS ADDRESS: _____ Street Address State: / / / Zip Code: / / / / / / - / / / / / / / / / - / / / / - / / / / Telephone Number								

5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: *(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.)*

- ☐ Crude Oil
- ☐ Refined and/or Petroleum Product (non-HVL)
- ☐ HVL
- ☐ CO_2
- ☐ Fuel Grade Ethanol (dedicated system)

6. Reserved

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. Reserved

For all Parts, make an entry in each block for which data is available. All fields are required unless non-applicable.

For the designated Commodity Group, PARTs B, D, and E will be calculated from Parts L, P, and Q respectively. Complete PART C 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	*Calc*
Offshore	*Calc*
Total Miles	*Calc*

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 PIPE BY MATERIAL AND CORROSION PREVENTION STATUS

	Steel Cathodically protected		Steel Cathodically unprotected				
	Bare	Coated	Bare	Coated	Plastic	Other	Total Miles
Onshore	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Offshore	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

PART E - MILES OF ELECTRIC RESISTANCE WELDED (ERW) PIPE BY WELD TYPE AND DECADE

Decade Pipe Installed	Unknown	Pre-1940	1940 -1949	1950 - 1959	1960 - 1969	1970 - 1979
High Frequency	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Low Frequency and DC	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

Decade Pipe Installed	1980 - 1989	1990 - 1999	2000 – 2009	2010 - 2019		Total Miles
High Frequency	*Calc*	*Calc*	*Calc*	*Calc*		*Calc*
Low Frequency and DC	*Calc*	*Calc*	*Calc*	*Calc*		*Calc*
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*		*Calc*

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, specify other tools:	
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	*Calc*
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:	*Calc*
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:	*Calc*
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. Specify other inspection technique(s): ___	
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:	*Calc*
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)	*Calc*
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)	*Calc*
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)	*Calc*
d. Total number of actionable anomalies eliminated by pipe replacement in calendar year that could affect an HCA:	
e. Total number of actionable anomalies eliminated by pipe abandonment in calendar year that could affect an HCA:	

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.	*Calc*

Fo

r the designated Commodity Group, complete PARTs H, I, J, K, L, M, P, and Q 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, M, P, and Q

The data reported in these PARTs H, I, J, K, L, M, P, and Q 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 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*	
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: __ Miles: _____ *Add Sizes as needed*	
Calc	Total Miles of Offshore Pipe								

PART I - MILES OF PIPE BY DECADE INSTALLED

Unknown	Pre-20s	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					*Calc*
	Non-Rural Onshore	Rural Onshore	Offshore		
Steel Pipe - Operating at less than or equal to 20% SMYS					*Calc*
Steel Pipe - Operating at an unknown stress level					*Calc*
Non-Steel Pipe - Operating at greater than 125 psig					*Calc*
Non-Steel Pipe - Operating at less than or equal to 125 psig					*Calc*
Total Miles	*Calc*		*Calc*	*Calc*	*Calc*

PART K - MILES OF REGULATED GATHERING LINES

	Non-Rural Onshore	Rural Onshore	Offshore	Total Miles
Steel Pipe - Operating at greater than 20% SMYS				*Calc*
Steel Pipe - Operating at less than or equal to 20% SMYS				*Calc*
Non-Steel Pipe - Operating at greater than 125 psig				*Calc*
Non-Steel Pipe - Operating at less than or equal to 125 psig				*Calc*
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*

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					*Calc*
Refined and/or Petroleum Product (non-HVL)					*Calc*
HVL					*Calc*
CO_2					*Calc*
Fuel Grade Ethanol (dedicated system)					*Calc*

PART P - MILES OF PIPE BY MATERIAL AND CORROSION PREVENTION STATUS

	Steel Cathodically protected		Steel Cathodically unprotected				
	Bare	Coated	Bare	Coated	Plastic	Other	Total Miles
Onshore	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Offshore	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*

Other (specify): _____

PART Q - MILES OF ELECTRIC RESISTANCE WELDED (ERW) PIPE BY WELD TYPE AND DECADE

Decade Pipe Installed	Unknown	Pre-1940	1940 -1949	1950 - 1959	1960 - 1969	1970 - 1979
High Frequency						
Low Frequency and DC						
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*	*Calc*
Decade Pipe Installed	1980 - 1989	1990 - 1999	2000 – 2009	2010 - 2019		Total Miles
High Frequency						*Calc*
Low Frequency and DC						*Calc*
Total Miles	*Calc*	*Calc*	*Calc*	*Calc*		*Calc*

F

or 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 195.

PART N - PREPARER SIGNATURE (applicable to all PARTs)

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, 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