Form Approved 5-2015 OMB No. 2137-0627 Expiration Date: 5/31/2018



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.

Informati	on Collection Clearance Officer, PHMSA, Office of Pipeline S	afety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 205
STEP 1 -	- ENTER BASIC REPORT INFORMATION	
Dat	e of this OPID Assignment Request: / / / Month Day	/ / / Year
1.	Are the pipelines and/or facilities covered by this OPID Assi CFR Parts 191, 192, 193, 194, and/or 195?	gnment Request subject to regulation under all or any part of 49
	☐ Yes	92
	☐ No ➡ No further action needed.	
2.	Are the pipelines and/or facilities covered by this OPID Assi	gnment Request:
	☐ Newly constructed pipelines and/or facilities	
	Approximate start date of cons	
	Anticipated date of operational	Month Day Year
	☐ Existing pipelines and/or facilities 🖒 2a. Were tl ☐ No	ney previously operated under another OPID?
	☐ Yes 🖒 2b. Is the previous C	PID Number known?
	□ No	Y .
	☐ Yes 🖒 L	ist previous OPID Number: /_ / / / / /
	Rule	Previous Operator name:
3.	Name of Operator:	
4.	Operator Headquarters address:	
	City:	State: / / / Zip Code: / / / / / /
5.	Name of Operator contact for this OPID Assignment Reque	st:
	Last	First MI _
6.	Phone number of Operator contact for this OPID Assignment	nt Request: / / / / -/ / / / -/ / / / -/
	Email address for Operator contact:	
7.	Is this Operator a wholly owned subsidiary of another comp	any?
	☐ Yes ➡ Company name:	

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## 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 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 □ Landfill Gas ☐ Synthetic Gas ☐ Hydrogen Gas ☐ Other Gas ➡ Name: ☐ Gas Transmission ☐ Gas Transmission □ Natural Gas ☐ Propane Gas □ Landfill Gas ☐ Synthetic Gas ☐ Hydrogen Gas ☐ Other Gas 🖒 Name: ☐ Gas Storage Facilities ⇒ Total number: ☐ Gas Gathering ☐ Reporting-Regulated Gas Gathering ☐ Hazardous Liquid ☐ Hazardous Liquid Trunkline (regulated non-gathering) ☐ Crude Oil ☐ Refined and/or Petroleum Product (non-HVL) ☐ HVL or Anhydrous Ammonia Anhydrous Ammonia ☐ LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid) ☐ Other HVL ⇒ Name: \_ ☐ CO2 (Carbon Dioxide) ☐ Biofuel / Alternative Fuel (including ethanol blends, but excluding Fuel Grade Ethanol) ☐ Fuel Grade Ethanol (also referred to as Neat Ethanol) ☐ Regulated Hazardous Liquid Gathering ☐ Hazardous Liquid Breakout Tanks 🖒 Total number : /\_\_/\_\_/\_\_

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?  $\Box$  No  $\Box$  Yes

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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 is selected)	Questions 3a and 3b for each set of Interstate assets and/or Intrastate assets, depending on which
☐ Interstate	☐ Intrastate
3	a. Number of LNG Plants or Facilities covered by this OPID Assignment Request: ///
3	Bb. 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 pipelin	nes and/or facilities covered by this OPID Assignment Request are: (select Type(s) of Operator)
3	Ba. Type of Operator (select all that apply):
	☐ Municipally Owned State : //_/ Miles://_/_/_/_/_/_/_/ (Add States as needed)
	☐ Privately Owned State : //_/ Miles: //_/_/_/_/_/_/_/_/_////////////////
	☐ 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: //_/_/_/_/_/_/_/_/ (Add States as needed)
	☐ Master Meter State: //_/ Miles: //_/_/_/_/_/_/(Add States as needed)
	Other Ownership (State: //_/ Miles: //_/_/_/_/_/_/_/_/(Add States as needed)
	Describe Ownership:
3	8b. Approximate number of regulated miles of Mains: <u>calc</u> miles
<u> </u>	s covered by this OPID Assignment Request are:
☐ Interstate	☐ Intrastate
	Ba. Approximate number of regulated gathering pipeline miles: <i>calc</i> miles
\$	Bb. List all of the States in which these pipelines are physically located:
	State 1: //_ Miles: //_///////
	Counties:
	State 2: //_/ Miles: //////// Counties:
	(Add States as needed)
☐ Offshor	е
3	Bc. Approximate number of regulated gathering pipeline miles: <i>calc</i> miles

	3d. List all of the OCS areas in which	n these pipelines and/or facilities are physically located:
	<ul><li>☐ OCS Atlantic</li><li>☐ OCS Gulf of Mexico</li><li>☐ OCS Pacific</li><li>☐ OCS Alaska</li></ul>	Miles: ///// Miles: ////// Miles: /////_/_/
	3e. List all of the State waters in wh	ich these pipelines and/or facilities are physically located
	State 1: // Mile:	s: /////
	State 2: // Miles	s: //_/_/_/_/
	(Add States as needed)	
nterstate and/or Intrastate, ar		facilities covered by this OPID Assignment Request are: (select h set of Interstate assets and/or Intrastate assets, and for each lepending on which is selected)
☐ Interstate	☐ Intrastate	0-0
☐ Onsho	pre	70"
	3a. Approximate number of regulate	ed transmission/trunkline pipeline miles: <u>calc</u> miles
	3b. List all of the States and Countie	es in which these pipelines are physically located:
	State 1: /// Counties:	Miles: /////
	State 2: /// Counties:	Miles: //_/_///
	(Add States as needed)	~0
	3c. Approximate number of regulate	ed Hazardous Liquid gathering miles: <u>calc</u> miles
	3d. List all of the States and Countie located:	es in which these Hazardous Liquid gathering lines are physically
	State 1: ///	Counties:
	State 2: //_/	Counties:
	(Add States as needed)	
	3e. List all of the States and Countie physically located	es in which other facilities (including storage/breakout tanks) are
	State 1: //_/	Counties:
	State 2: //_/	Counties:
	(Add States as needed)	
Ġ, Y		
☐ Offs	shore	
	3g. Approximate number of regul	ated transmission/trunkline pipeline miles: <u>calc</u> miles
	3h. Reserved	
	3i. If Interstate, list all of the OCS physically located:	Areas in which these Interstate pipelines and/or facilities are
	☐ OCS Atlantic ☐ OCS Gulf of Mexico ☐ OCS Pacific ☐ OCS Alaska	Miles: /////  Miles: ///////  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)
<ol> <li>Provide a brief and general description of the pipelines and/or facilities covered by this OPID Assignment Request. Describe each secon level selection from STEP 2, Question 1 separately.</li> </ol>
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.
approximate geographic location of the pipelines and/or facilities covered by this OFID Assignment Nequest.

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## 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 PHMSA-required</u> 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)
	<u>                                     </u>
	1c. Damage Prevention Program (192.614, 195.442)
	<u> </u>
	1d. ☐ Public Awareness/Education Program (192.616, 195.440)
	<u>/ / / / / / / / / </u>
	1e. ☐ Control Room Management Procedures (192.631, 195.446)
	<u>/ / / / / / / / / </u>

	1f.
	1g. ☐ Integrity Management Program (192.907, 192.1005, 195.452)
	1h. ☐ Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101)
STEP 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 49 CFR Parts 191-199, i.e. the primary contact for regulatory issues:
	Name: Last First MI _ Title:
	Address:
	Street or P.O. Box City: State: /_ / / Zip Code: /_ / / / / /
	Office Phone: / / / / - / / / - / / / - / / E-mail:
2.	Operator contact for information pertaining to PHMSA's inspection scheduling, if different from above: (Provide one contact for each PHMSA Regional Office where pipelines and/or facilities covered by this OPID Assignment Request are physically located)
	2a. PHMSA Region:
	Name: Last First MI _ Title:
	Address: Street or P.O. Box
	City: State: / / Zip Code: / / / / /
	Office Phone: / / / - / / - / / - / / E-mail:
	(Add additional Operator contacts for other PHMSA Regional Offices where pipelines and/or facilities covered by this OPID Assignment Request are physically located, continuing with 2b, 2c, etc. as needed.)
3.	<b>24/7 Operator contact for </b> <u>emergency situations</u> (natural disasters, national emergencies, security threats, extreme weather events, etc.):
	Name: Last First MI _ Title:
	Address:
	Street or P.O. Box Citv: State: / / Zip Code: / / / / /
	City: State: / / Zip Code: / / / / /
	Office Phone: / / / / - / / / - / / / E-mail:
4.	<b>24/7 Operator phone number for </b> <i>normal operations</i> : Phone: / / / / - / / / - / / / / / / / / / /
5.	<b>24/7 Operator </b> Control Center phone number: Phone: / / / / - / / / - / / / - / / / / / /
6.	Operator's Senior Executive Official:
	Name: Last First MI _
	Title:Address:
	Street or P.O. Box
	City: State: / / / Zip Code: / / / / /
	Office Phone: / / / / -/ / / -/ / / - E-mail:

	perator contact for information pertaining to Name: Last			MI _		
	Title:					
	Address:					
	Street					
	City:	State: / / /	Zip Code	: <u>/ / /</u>	/	/_/
	Office Phone: / / / / -/ / / Cell Phone: / / / / - / /	<u> </u>	<u>/ /</u>	E-mail:		
	perator contact responsible for assuring co	mpliance with D0	DT's Anti-D	rug and Alco	hol Mi	isuse regulations
	Name: Last			MI _		. (
	Title:					
	Address:		or D O	Day		Y
	Street City:		or P.O.	DOX		- (2)
	City:	State: / / /	Zip Code	: <u>/ / /</u>	/	
	Office Phone: / / / / -/ -/ / Cell Phone: / / / / -/ -/ /	<u> </u>	<u>/ /</u>	E-mail:		
9. Us	ser Fee contact:			. ^	7	<i>J</i> '
	Name: Last	First		MI	7	
	Title:					
	Address:					
	Street		or P.O.	Box		
	City:			: 1 1 1	/	/ /
	Office Phone: / / / / - / /	/-/ / /		E-mail:		
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