

 <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p>	OPID ASSIGNMENT REQUEST	DOT USE ONLY
<p>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.</p>		
STEP 1 – ENTER BASIC REPORT INFORMATION		

Date of this OPID Assignment Request: / / / / / / /
 Month Day Year

1. Are the pipelines and/or facilities covered by this OPID Assignment Request subject to regulation under all or any part of 49 CFR Parts 191, 192, 193, 194, and/or 195?

- Yes
- No ⇨ No further action needed.

2. Are the pipelines and/or facilities covered by this OPID Assignment Request:

- Newly constructed pipelines and/or facilities
 - ⇨ Approximate start date of construction: / / / / / / /
 Month Day Year
 - ⇨ Anticipated date of operational start-up: / / / / / / /
 Month Day Year

- Existing pipelines and/or facilities ⇨ 2a. Were they previously operated under another OPID?
 - No
 - Yes ⇨ 2b. Is the previous OPID Number known?

- No
- Yes ⇨ List previous OPID Number: / / / / / / /

Previous Operator name: _____

3. Name of Operator: _____

4. Operator Headquarters address: _____
 City: _____ State: / / / Zip Code: / / / / / / /

5. Name of Operator contact for this OPID Assignment Request:
 Last _____ First _____ MI _

6. Phone number of Operator contact for this OPID Assignment Request: / / / / / - / / / / / - / / / / /
 Email address for Operator contact: _____

7. Is this Operator a wholly owned subsidiary of another company?
- No
 - Yes ⇨ Company name: _____

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.

1. 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 Transmission Facilities ⇨ Total number: /_/_/_/_/_/
- 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 Facilities, including Breakout Tanks ⇨ Total number: /_/_/_/_/_/
- Underground Natural Gas Storage (UNGS)

2. 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? No Yes

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
- Intrastate

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 pipelines 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)*

LPG Distribution pipeline(s) and/or facility(ies) serving fewer than 100 customers from a single source.
State: /_/_/_/_/ Miles: /_/_/_/_/_/_/_/_/_/_/_/_/_/_/ *(Add States as needed)*

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: _____

3b. Approximate number of regulated miles of Mains: **calc** miles

For Gas Gathering, the pipelines covered by this OPID Assignment Request are:

- Interstate
- Intrastate

Onshore

3a. Approximate number of regulated gathering pipeline miles: **calc** miles

3b. List all of the States in which these pipelines are physically located:

State 1: /_/_/_/_/ Miles: /_/_/_/_/_/_/_/_/_/_/_/_/_/_/ Counties: _____

State 2: /_/_/_/_/ Miles: /_/_/_/_/_/_/_/_/_/_/_/_/_/_/ Counties: _____

(Add States as needed)

Offshore

3c. Approximate number of regulated gathering pipeline miles: calc 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: / / / / Miles: / / / / / / / / / / / / / / / /

Counties: _____

State 2: / / / / Miles: / / / / / / / / / / / / / / / /

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: / / / / Counties: _____

State 2: / / / / Counties: _____

(Add States as needed)

Offshore

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

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)

For Underground Natural Gas Storage (UNGS), the 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

Intrastate

3a. Number of UNGS Facilities covered by this OPID Assignment Request: /_/_/_/_/

3b. List the Facility Name, Total Number of Wells, State and County in which each facility is physically located:

Facility 1 Name: _____
State: /_/_/_/ County: _____
Total Number of Wells: _/_/_/_/_/_____

Facility 2 Name: _____
State: /_/_/_/ County: _____
Total Number of Wells: _/_/_/_/_/_____

(Add facilities 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.

STEP 3 – PROVIDE PHMSA-REQUIRED PIPELINE SAFETY PROGRAM OR LNG SAFETY PROGRAM INFORMATION	<i>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.</i>
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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, 192.12);

[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, Hazardous Liquid Pipeline Facilities, and UNGS Facilities] Integrity Management Program (192.907, 192.1005, 195.452, 192.12).

[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 independent 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, 192.12)

_____/_____/_____/_____/_____/_____/_____/_____/

1c. Damage Prevention Program (192.614, 195.442)

_____/_____/_____/_____/_____/_____/_____/_____/

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

_____/_____/_____/_____/_____/_____/_____/_____/

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

_____/_____/_____/_____/_____/_____/_____/_____/

1f. Operator Qualification Program (192.805, 195.505)

____/____/____/____/____/____

1g. Integrity Management Program (192.907, 192.1005, 195.452, 192.12)

____/____/____/____/____/____

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

____/____/____/____/____/____

STEP 4 – PROVIDE CONTACT INFORMATION	<i>This STEP ensures that PHMSA has the contact information it needs for the basic forms of Agency-Operator interaction that may occur.</i>
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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: _____
Cell Phone: ____/____/____/____-____/____/____/____-____/____/____/____/____

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: _____
Cell Phone: ____/____/____/____-____/____/____/____-____/____/____/____/____

(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. 24/7 Operator contact for emergency situations (natural disasters, national emergencies, security threats, extreme weather events, etc.):

Name: Last _____ First _____ MI ____
Title: _____
Address:
Street _____ or P.O. Box _____
City: _____ State: ____/____/____ Zip Code: ____/____/____/____/____
Office Phone: ____/____/____/____-____/____/____/____-____/____/____/____/____ E-mail: _____
Cell Phone: ____/____/____/____-____/____/____/____-____/____/____/____/____

4. 24/7 Operator phone number for normal operations: Phone: ____/____/____/____-____/____/____/____-____/____/____/____/____

5. 24/7 Operator 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: _____
Cell Phone: ____/____/____/____-____/____/____/____-____/____/____/____/____

7. Operator contact for information pertaining to NPMS submissions:

Name: Last _____ First _____ MI ____
Title: _____
Address:
Street _____ or P.O. Box _____
City: _____ State: / / / Zip Code: / / / / / / / /
Office Phone: / / / / / - / / / / / - / / / / / / / / E-mail: _____
Cell Phone: / / / / / - / / / / / - / / / / / / / /

8. Operator contact responsible for assuring compliance with DOT's Anti-Drug and Alcohol Misuse regulations (49 CFR 199):

Name: Last _____ First _____ MI ____
Title: _____
Address:
Street _____ or P.O. Box _____
City: _____ State: / / / Zip Code: / / / / / / / /
Office Phone: / / / / / - / / / / / - / / / / / / / / E-mail: _____
Cell Phone: / / / / / - / / / / / - / / / / / / / /

9. User Fee contact:

Name: Last _____ First _____ MI ____
Title: _____
Address:
Street _____ or P.O. Box _____
City: _____ State: / / / Zip Code: / / / / / / / /
Office Phone: / / / / / - / / / / / - / / / / / / / / E-mail: _____
Cell Phone: / / / / / - / / / / / - / / / / / / / /

Instructions (rev TBD by OMB) for Form PHMSA F 1000.1 (rev TBD by OMB)
OPID ASSIGNMENT REQUEST

GENERAL INSTRUCTIONS

All section references are to Title 49 of the Code of Federal Regulations (49 CFR). The OPID Assignment Request is used by operators to request an Operator Identification Number (OPID) from PHMSA for gas and hazardous liquid pipelines or pipeline facilities, or for liquefied natural gas (LNG) facilities.

Each operator of a gas or hazardous liquid pipeline, or pipeline facility, or LNG plant or LNG facility not already assigned an OPID from PHMSA is required to obtain an OPID in accordance with §191.22(a) or §195.64(a). Operators requesting a new OPID from PHMSA are also required to obtain one in accordance with §191.22(a) or §195.64(a).

Before May 2012, PHMSA used internal records to create OPID for operators of petroleum gas systems serving fewer than 100 customers from a single source (Small LPG) and master meter systems (MMO). The process is described in more detail in [PHMSA Advisory Bulletin 2012-04. Small LPG and MMO that did not receive an OPID before May 2012 must submit this form to obtain an OPID.](#)

Operators must use their PHMSA-assigned OPID for all Part 191 and 195 reporting requirements in accordance with §191.22(d) or §195.64(d). If an Operator has a single OPID, then all of its reporting to PHMSA for regulated pipelines, pipeline facilities, and/or LNG facilities will use the one OPID Number assigned to the Operator for those assets. If an Operator has multiple OPIDs, then the Operator must use only the OPID assigned to the specific and unique pipeline segments, pipeline facilities, and/or LNG facilities covered by that OPID, and use that OPID consistently for those assets for all of its reporting to PHMSA. The term “operator” is defined in §§191.3, 192.3, 193.2007, and 195.2.

If you need copies of the Form PHMSA F 1000.1 and/or instructions they can be found on the Pipeline Safety Community main page at <https://www.phmsa.dot.gov/forms/pipeline-forms>. If you have questions about this form or these instructions, contact the PHMSA Information Resources Manager at (202) 366-8075.

REPORTING METHODS

Requests for an OPID must be made online unless an alternate method is approved. (See Alternate Reporting Methods below.) Use the following procedure:

1. Navigate to the PHMSA Portal main page, <https://portal.phmsa.dot.gov/portal>,
2. Click **Request Operator ID** link located below the login box.
3. Enter your email address, last name, and phone number, and then click **Continue**. This information will allow you to access any draft or submitted requests that were made using the new OPID Assignment Request form.
4. Click on **Create New Application** and complete the form, using these instructions as guidance.
5. To save intermediate work without formally submitting the OPID Assignment Request to PHMSA, click **Save**.
6. Click **Submit** when you have completed the form and are ready to initiate formal

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OPID ASSIGNMENT REQUEST

submission of your request to PHMSA.

7. A confirmation page will appear indicating that your request has been submitted, and a link will appear that will allow you to save a PDF copy of your request.
8. PHMSA will then notify you in a separate communication regarding the granting or denial of your request. In some cases, PHMSA may contact you by phone or email with questions they may have prior to granting your request.

Alternate Reporting Methods

Operators for whom electronic reporting imposes an undue burden and hardship may submit a written request for an alternate reporting method. Operators must follow the requirements in §191.7(d) or §195.58(d) to request an alternate reporting method and must comply with any conditions imposed as part of PHMSA's approval of an alternate reporting method.

SPECIAL INSTRUCTIONS

Make an entry in each block which is applicable. Estimate data only if necessary. Avoid entering any data as **UNKNOWN or 0 (zero)** except where zero is appropriate to indicate that there were no instances or amounts of the attribute being reported.

Do not report pipeline miles in feet. When reporting mileages that are less than 10 miles or when reporting portions of a mile, convert feet into a decimal notation (e.g. 2,640 feet = .5 miles) and report mileage using decimals rounded to the nearest tenth of a mile. Operators may round all mileages that are greater than 10 miles to the nearest mile. Do not use fractions.

STEP 1 – ENTER BASIC REPORT INFORMATION

Enter the date on which this OPID Assignment Request is submitted. For online Requests, the submission date will automatically be entered. Complete all 7 questions of STEP 1 before continuing to STEP 2.

1. Are the pipelines and/or facilities covered by this OPID Assignment Request subject to regulation under all or any part of 49 CFR Parts 191, 192, 193, 194, and/or 195?

The applicant should review the pipeline safety regulations to determine whether or not its pipelines and/or facilities are subject to regulation under the pipeline safety regulations. Refer to §§191.1, 192.1, 193.2001, 194.3, and 195.0 which describe the scope of applicability of each Part of the regulations.

Check the “Yes” box if any of the pipelines and/or facilities covered by this OPID Assignment Request are subject to the pipeline safety regulations. Continue to STEP 1, Question 2.

Check the “No” box if the pipelines and/or facilities covered by this OPID Assignment Request are not subject to the pipeline safety regulations. In this case, an OPID is not required and the OPID Assignment Request need not be submitted.

2. Are the pipelines and/or facilities covered by this OPID Assignment Request:

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Indicate whether the pipelines and/or facilities covered by this OPID Assignment Request are newly constructed or existing.

For newly constructed pipelines and/or facilities, provide the approximate start date of construction and the anticipated date of operational startup.

For existing pipelines and/or facilities, indicate whether they were previously operated under another OPID. Existing pipelines and/or facilities may not have been operated under a prior OPID due to an inadvertent oversight or because they are being converted to service subject to the pipeline safety regulations under §192.14 or §195.5. Operators should respond Yes to Question 2a if the pipelines and/or facilities have previously been operated under an OPID even if that OPID is still being used for other pipelines and/or facilities (e.g., an Operator acquired only part of a pipeline system operating under an existing OPID, and now wishes to obtain a new OPID for those portions acquired). When existing pipelines and/or facilities were previously operated under another OPID and the previous OPID Number is known, provide the OPID Number and name of the previous Operator in Question 2b. For online Requests, the previous Operator's name will automatically be entered based on the OPID entered. If the name that appears is not correct or does not coincide with the OPID Number, contact the PHMSA Information Resources Manager at (202) 366-8075.

3. Operator name for this OPID Assignment Request

Enter the Operator name by which the applicant wants to be identified within PHMSA records for the OPID being requested. PHMSA will treat this as the legal name of the operating entity.

4. Operator Headquarters address

Enter the address of the Operator's corporate headquarters.

5. Name of Operator contact for this OPID Assignment Request

Enter the name of the individual whom PHMSA should contact should they have questions about this OPID Assignment Request.

6. Phone number of Operator contact for this OPID Assignment Request

Enter the phone number by which the Operator contact for this OPID Assignment Request should be reached.

7. Is this Operator a wholly owned subsidiary of another company?

Indicate here whether the Operator submitting this OPID Assignment Request is a subsidiary of another company. If yes, provide the parent company's name.

STEP 2 – ENTER DESCRIPTION OF PIPELINES AND/OR FACILITIES

1. 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)*

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Check the appropriate box or boxes to indicate the type(s) of pipelines and/or facilities for which this OPID Assignment Request applies. Once the type of pipelines and/or facilities is selected, the Operator is also then to select the commodities involved which are associated with the type(s) of pipelines and/or facilities selected. The following definitions are provided to assist operators in making their selections.

Landfill Gas – includes biogas.

Synthetic Gas - examples include manufactured gas based on naphtha.

Gas Gathering (Regulated) pipelines are determined in accordance with the requirements of §192.8.

Crude Oil - unrefined oil consisting mainly of hydrocarbons.

Refined and/or Petroleum Product (non-HVL) – flammable, toxic, or corrosive products obtained from distilling and processing of crude oil, unfinished oils, natural gas liquids, blend stocks and other miscellaneous hydrocarbon compounds. Examples include motor gasoline, diesel fuel, fuel oil, aviation gasoline, jet fuel, kerosene, acetone, benzene, MTBE, naphtha, or other non-HVL petroleum products. In these instructions, “petroleum products” is meant to be synonymous with “refined products”.

Highly Volatile Liquids (HVLs) – a hazardous liquid which will form a vapor cloud when released to the atmosphere and which has a vapor pressure exceeding 276 kPa at 37.8° C (100° F). Examples include ethane, ethylene, propane, propylene, butylene, and anhydrous ammonia (NH₃).

Carbon Dioxide (CO₂) – a fluid consisting of more than 90 percent carbon dioxide molecules compressed to a supercritical state.

Fuel Grade Ethanol – a clear, colorless, flammable oxygenated hydrocarbon. Ethanol is typically produced chemically from ethylene, or biologically from fermentation of various sugars from carbohydrates found in agricultural crops and cellulosic residues from crops or wood. This commodity is to be selected only if the pipeline and/or facility is used predominantly to transport ethanol which has NOT been blended with petroleum products. This commodity is sometimes also known as “neat” ethanol.

Regulated Hazardous Liquid Gathering pipelines are as defined in Part 195.

2. 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?

Check the “Yes” box if any single pipeline or pipeline facility will transport both natural or other gas subject to 49 CFR Part 192 and a hazardous liquid or carbon dioxide subject to 49 CFR Part 195; otherwise, check “No”.

3. For the top level pipeline and/or facility type selected in STEP 2, Question 1, complete the following:

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Miles under 10 should be reported to the nearest tenth mile; miles over 10 may be rounded to the nearest mile.

For LNG Plant(s) or Facility(ies), complete the questions for each set of Interstate and Intrastate assets. Plants/Facilities under a single OPID may be either interstate, intrastate, or both. Check the appropriate box or boxes to indicate whether the plants/facilities are interstate or intrastate or both, and complete the additional questions associated with each. Indicate all states in which LNG Plants/Facilities are located. Also list the counties in each state in which the plants/facilities included in this OPID Assignment Request are located.

For Gas Distribution, select the type(s) of operator involved, indicating the states where the gas distribution pipelines and/or facilities are physically located for each type of operator. Indicate the amount of regulated miles of Mains per state included in this OPID Assignment Request.

For Gas Gathering, select whether the pipelines and/or facilities are onshore, offshore, or both, and for each indicate the miles of regulated gas gathering pipelines per state - and, where applicable, the OCS area(s) - where the gas gathering pipelines and/or facilities are physically located.

For Gas Transmission or Hazardous Liquid, the series of questions under STEP 2, Question 3 should be completed *separately* for each of these facility types selected. In other words, if the Request covers both Gas Transmission *and* Hazardous Liquid facilities, then STEP 2, Questions 3a - 3j will need to be completed two separate times – once for each of these two facility types. Complete the questions for each set of Interstate and Intrastate assets. Pipelines under a single OPID may be either interstate, intrastate, or both. Check the appropriate box or boxes to indicate whether the pipelines and/or facilities are interstate or intrastate or both, and complete the additional questions associated with each. Indicate whether the pipelines and/or facilities are located onshore, offshore, or both, providing the approximate number of regulated pipeline miles per state as well as the states and counties - and, where applicable, the OCS area(s) - where the pipelines and/or facilities are physically located, including a separate set of questions for regulated hazardous liquid gathering lines.

For UNGS Facility(ies), complete the questions for each set of Interstate and Intrastate assets. Facilities under a single OPID may be either interstate, intrastate, or both. Check the appropriate box or boxes to indicate whether the facilities are interstate or intrastate or both, and complete the additional questions associated with each. Indicate the Facility Name, State, County, and number of wells for each UNGS Facility included in this OPID Assignment Request.

For gas pipeline facilities, Interstate and Intrastate are defined by statute as:

Interstate gas pipeline facility means a gas pipeline facility used to transport gas and subject to the jurisdiction of the Federal Energy Regulatory Commission (FERC) under the Natural Gas Act (15 U.S.C. 717 et seq.).

Intrastate gas pipeline facility means a gas pipeline facility and transportation of gas within a State not subject to the jurisdiction of FERC under the Natural Gas Act (15 U.S.C. 717 et seq.).

For hazardous liquid and carbon dioxide pipeline facilities, Interstate and Intrastate are defined in §195.2 as:

*Interstate pipeline** means a pipeline or that part of a pipeline that is used in the

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transportation of hazardous liquids or carbon dioxide in interstate or foreign commerce.

*Intrastate pipeline** means a pipeline or that part of a pipeline to which Part 195 applies that is not an interstate pipeline.

* The Part 195.2 definition of “pipeline” includes all parts of a pipeline facility through which a hazardous liquid or carbon dioxide moves in transportation

Appendix A to 49 CFR 195 contains PHMSA’s Statement of Policy and Interpretation on the delineation between interstate and intrastate pipelines, and provides additional guidance.

Offshore is defined in §192.3 and §195.2 as “beyond the line of ordinary low water along that portion of the coast of the United States that is in direct contact with the open seas and beyond the line marking the seaward limit of inland waters.” Pipe that is located in areas not meeting the definition of offshore is considered *Onshore*.

4. Provide a brief and general description of the pipelines and/or facilities covered by this OPID Assignment Request:

Operators are to provide a general description of the nature and location of the pipelines and/or facilities covered by this OPID Assignment Request. Operators are to describe each second level selection from STEP 2, Question 1 separately. For example, if a Gas Distribution Operator checked both Natural Gas and Propane Gas, they should provide a brief and general description of each type of system separately. Similarly, if an Operator checked both Gas Transmission and Gas Gathering, they should provide a brief and general description of each type of system separately.

Operators requesting an OPID on-line will be afforded the opportunity to upload files including general overview maps, schematics, or drawings. Files can be in PDF format. Operators making requests by alternate methods per §191.7(d) or §195.64(d) are encouraged to attach copies of general overview maps, schematics, or drawings identifying the facilities.

The following are examples of the minimum descriptions to be provided by operators. For hazardous liquid, gas transmission, offshore, and gathering pipelines and facilities, accompanying maps, schematics, or drawings are preferred in lieu of the additional detail that would be needed in this description were maps, schematics, or drawings not supplied by the operator with this submission.

Example for Gas Distribution Systems

This OPID covers a natural gas distribution system in the Navasota, Texas, area. The system includes 10 miles of transmission lines, 100 miles of mains, and over 20,000 service lines.

Example for LPG Distribution Systems

This OPID covers five (5) LPG distribution systems serving over 100 customers each in Florida. These LPG systems serve customers in Tampa, Tallahassee, and West Palm Beach.

Examples for Gas Transmission Pipeline Systems

The Kanpack Pipeline Company has acquired operation of part of the Flint Hills Pipeline system in Kansas. The pipeline system comprises 642 miles of transmission

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lines of various sizes, three (3) compressor stations, and a storage field. The system consists of three (3) 24"-30" pipelines in a common ROW between Wamego and Wichita, Kansas, with numerous laterals of various sizes to cities and towns along the main lines, and a storage field near Wilsey, KS. Maps of the system are provided rather than a detailed description due to the numerous laterals and the storage field.

The PT pipeline is a 660-mile long, 26" natural gas pipeline that transports approx. 800,000 SCFPD. It originates in Baton Rouge, Louisiana, and terminates near Atlanta, Georgia, after passing near Tallahassee, Florida. It connects to pipelines operated by others at our Garby Station in Walton County, Florida, and our Linkwood Station in Colquitt County, Georgia. There are 12 intermediate compressor stations. Maps depicting the location and general routing of this pipeline and its associated facilities are included.

Example for Hazardous Liquid Pipeline Systems (also an example when multiple systems are involved)

This OPID covers two (2) hazardous liquid pipeline systems. Maps depicting the location and general routing of each of these pipelines and their associated facilities are included.

The Big Sky pipeline is a 453-mile long, 26" crude oil pipeline that transports approximately 250,000 BPD. It originates in Johnson County, Wyoming, and terminates in Cushing, Oklahoma, where it connects with several pipelines operated by others at our Cushing Tank Farm (10 tanks with a total capacity of 1.2 million bbls). There are 10 intermediate pump stations with one (1) intermediate breakout tank farm at our Fischer Station in Fort Collins, Colorado (two (2) tanks with a total capacity 300,000 bbls).

The Catherine Falls pipeline is a 250-mile long, 16" refined products pipeline that transports approx. 150,000 BPD. It originates at the Mud Island Refinery in Wood River, Illinois, and terminates in Columbus, Ohio, at our Pender Terminal (20 tanks with a total capacity of 1.0 million bbls). There are six (6) intermediate pump stations and three (3) delivery laterals along this pipeline route: a 10-mile 10" lateral connecting in Effingham County, Illinois; a 2-mile 8" lateral connecting in Marion County, Indiana; and a 4-mile 8" lateral connecting in Montgomery County, Ohio. There are no connecting pipelines at Pender Terminal as all products are delivered via truck racks.

Example for an Offshore Crude Pipeline System

This OPID covers an offshore crude oil pipeline system in the Gulf of Mexico. A map depicting the location and general routing of this pipeline system and its connecting platforms and associated facilities are included. Total throughput is approx. 140,000 BPD. The pipeline system consists of 120 total miles of 16", 20", and 26" pipelines connecting 3 offshore production platforms and terminating at our Rogers Tank Farm in Littleton, Louisiana (four (4) tanks with a total capacity of 600,000 bbls). This pipeline system also includes four DOT-regulated platforms.

Example for a Gathering Pipeline System (Gas or Hazardous Liquid)

This OPID covers three (3) sour crude oil gathering systems located in central and south-central Kentucky which transport a total of 40,000 BPD. Maps depicting the location and general routing of each of these gathering systems and their associated facilities are included. The gathering systems total 88 miles of various sized pipe ranging from 4" in diameter to 10".

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

This STEP 3 is to be completed once for each top level facility type selected in STEP 2, Question 1. In other words, if the Request covers both Gas Transmission *and* Hazardous Liquid facilities, then this STEP 3 will need to be completed two separate times – once for each of these two facility types.

Pipeline safety regulations require operators to prepare and implement a number of safety programs, depending on the type of pipelines and/or facilities they operate. These include:

- 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, 192.12)
- Damage Prevention Program (§§192.614, 195.442)
- Public Awareness/Education Program (§§192.616, 195.440)
- Control Room Management Procedures (§§192.631, 195.446)
- Operator Qualification Program (§§192.805, 195.505)
- Integrity Management Program (§§192.907, 192.1005, 195.452, 192.12)
- Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (§§194.101)

Most often, operators prepare separate and independent safety programs for the pipelines and/or facilities covered by their assigned OPID. In some instances, though (e.g., usually involving larger operators with multi-state and multi-system operations), one or more of these PHMSA-required safety programs cover – or are common to - multiple OPIDs. When a common PHMSA-required pipeline safety program(s) exists which covers more than a single OPID, the Operators assigned those OPIDs are required to report in this section which one of the various OPIDs is “primary” for each PHMSA-required safety program for the purposes of PHMSA inspections and National Registry Reporting. Generally, this is the OPID associated with the parent company or OPID associated with the operating entity responsible for managing implementation of the safety program, and usually represents the office which should be contacted and referred to when PHMSA or a state exercising jurisdiction intends to inspect that safety program. (For example, if the pipelines covered by an OPID Assignment Request for OPID 67890 are part of an IM Program that is administered by the operator under its existing OPID 12345, then the primary OPID would be 12345.) The designation of which of multiple OPIDs is “Primary” is at the discretion of the operator, but it is important that – once a particular OPID is selected as “Primary” – the operator continue to list this same OPID as “Primary” in future notifications concerning the safety program in question.

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)? (select only one)

Check the “Not known at this time” box if the Operator has yet to decide whether their PHMSA-required safety programs for the pipelines and/or facilities covered by this OPID Assignment Request will be separate and independent or whether one or more will be included in a common safety program that includes other OPIDs. If this box is checked, the Operator is required to submit a National Registry Type C Notification within 60 days after approval of the OPID. It should be noted that many of these programs are required to be in place before initial operations of the pipelines and/or facilities commence.

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Check the “No” box if the pipelines and/or facilities covered by this OPID Assignment Request are covered by their own independent programs for all of the applicable PHMSA-required safety programs listed above.

Check the “Yes” box if the pipelines and/or facilities covered by this OPID Assignment Request are included in one or more common PHMSA-required safety programs. Check the box(es) for the program(s) that are common to other OPIDs and indicate, for each, the OPID the Operator considers to have “primary” responsibility for that safety program.

Correctly establishing the primary OPID associated with each PHMSA-required safety program is very important as it will allow PHMSA to accurately assign compliance performance and incident history to the proper entity. This information, along with National Registry Type C Notifications, ensures that PHMSA assigns this performance correctly over the appropriate time periods as well.

STEP 4 – PROVIDE CONTACT INFORMATION

Provide the requested information for the various Operator personnel or locations PHMSA may need to contact in various situations.

For Question 1, this is the individual who oversees overall pipeline safety compliance for the operator and typically is the principal contact for PHMSA to discuss regulatory issues. This would include individuals with such titles as Manager of Compliance, Regulatory Compliance Officer, DOT Compliance Supervisor, Pipeline Safety Manager, Community Safety Manager, etc.

Where the Operator’s contact for inspection scheduling is the same as the person responsible for overseeing compliance with pipeline safety regulations as reported in Question 1, check the box labeled “same as regulatory contact” and the system will automatically enter the contact information into question 2.

Where pipelines and/or facilities covered by this OPID Assignment Request are located in multiple PHMSA Regions, and where the Operator’s contact for inspection scheduling is NOT the same as the person listed in Question 1, provide an inspection scheduling contact for each PHMSA Region in Question 2. (See the Pipeline Safety Community web site, <https://www.phmsa.dot.gov/about-phmsa/offices>, for a depiction of the states in each PHMSA Region).

Where no control center exists, leave Question 5 blank.

Complete the contact information for Questions 7, 8, and 9 when those contacts are applicable for the pipelines and/or facilities covered under this OPID Assignment Request.