



**☐ TYPE C – SHARED SAFETY PROGRAM CHANGE**

*Important Instruction to Operator: When a common PHMSA-required pipeline safety program 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 National 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 listed below.*

1. List the new Operator-designated "primary" OPID for each common PHMSA-required pipeline safety program associated with this notification. The previous "primary" OPID will be populated from PHMSA data. Those programs not selected below will be considered to not have changed: *(select all that apply)*

**For ALL facilities**

- 1a.  Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202)

New:     /    /     Previous:     /    /      
Indicate the effective date for this change(s):     /    /      
Month Day Year

- 1b.  Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402, 193.2017, 192.12)

New:     /    /     Previous:     /    /      
Indicate the effective date for this change(s):     /    /      
Month Day Year

**For Gas Distribution, Gas Gathering, Gas Transmission, or Hazardous Liquid Pipeline Facilities**

- 1c.  Damage Prevention Program (192.614, 195.442)

New:     /    /     Previous:     /    /      
Indicate the effective date for this change(s):     /    /      
Month Day Year

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

New:     /    /     Previous:     /    /      
Indicate the effective date for this change(s):     /    /      
Month Day Year

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

New:     /    /     Previous:     /    /      
Indicate the effective date for this change(s):     /    /      
Month Day Year

- 1f.  Operator Qualification Program (192.805, 195.505)

New:     /    /     Previous:     /    /      
Indicate the effective date for this change(s):     /    /      
Month Day Year

**For Gas Distribution, Gas Transmission, Hazardous Liquid Pipeline Facilities, or UNGS Facilities**

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

New:     /    /     Previous:     /    /      
Indicate the effective date for this change(s):     /    /      
Month Day Year

**For Hazardous Liquid Pipeline Facilities...**

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

New:     /    /     Previous:     /    /      
Indicate the effective date for this change(s):     /    /      
Month Day Year

**TYPE D –CHANGE IN OWNERSHIP FOR GAS OR LIQUID**

- 1. Is this Notification for:    An Acquisition       A Divestiture
- 2. If an acquisition, list OPID Number of previous Operator, if one has been assigned:   /  /  /  /  /  /  /  /      Not assigned  
    Previous Operator name: \_\_\_\_\_
- 3. If a divestiture, list OPID Number of new Operator, if one has been assigned:   /  /  /  /  /  /  /  /      Not assigned  
    New Operator name: \_\_\_\_\_
- I would like to deactivate my OPID Number
- 4. Indicate the effective date for this acquisition or divestiture:   /  /  /       /  /  /       /  /  /    
  Month           Day           Year

**TYPE F – CONSTRUCTION OR REHABILITATION OF GAS OR LIQUID FACILITIES**

- 1. Anticipated start date of field work activities:                       /  /  /       /  /  /       /  /  /    
  Month           Day           Year
- 2. Anticipated date of operational start-up:                               /  /  /       /  /  /       /  /  /    
  Month           Day           Year

Select the single option below that describes the preponderance of the work. Describe the work more fully in Step 4.

- Construction of new pipeline or facilities
- Replacement of exisiting pipeline or facilities
- Rehabilitation of existing pipeline or facilities
- Reversal of flow
- Conversion of service
- Change in commodity
- UNGS facility well work

**TYPE I – CHANGE IN OWNERSHIP FOR LNG**

- 1. Is this Notification for:    An Acquisition       A Divestiture
- 2. If an acquisition, list OPID Number of previous Operator, if one has been assigned:   /  /  /  /  /  /  /  /      Not assigned  
    Previous Operator name: \_\_\_\_\_
- 3. If a divestiture, list OPID Number of new Operator, if one has been assigned:   /  /  /  /  /  /  /  /      Not assigned  
    New Operator name: \_\_\_\_\_
- I would like to deactivate my OPID Number
- 4. Indicate the effective date for this acquisition and/or divestiture:   /  /  /       /  /  /       /  /  /    
  Month           Day           Year

5. Plant/Facility 1

- Interstate       Intrastate

5a. Name: \_\_\_\_\_

5b. If Onshore, give location as: State:   /  /  /        County: \_\_\_\_\_

5c. If Offshore in State waters, give location as: State:   /  /  /  

5d. If Offshore OCS, give location as:

- OCS Atlantic
- OCS Gulf of Mexico
- OCS Pacific
- OCS Alaska

6. Plant/Facility 2

- Interstate       Intrastate



- Hydrogen Gas
- Landfill Gas
- Other Gas ➡ Name: \_\_\_\_\_

Gas Transmission Facilities

- Gas Gathering
  - Line Pipe
  - Facilities

Hazardous Liquid

- Transmission Line Pipe
  - 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
- Facilities
- Reporting-Regulated Gathering
- Gravity Line

Underground Natural Gas Storage (UNGS) Facility

2. Will any single pipeline or pipeline facility included in this notification 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



3g. Select all of the OCS (Outer Continental Shelf) Areas in which the Offshore pipelines and/or facilities are physically located:

- OCS Atlantic Miles: / / / / / / / / / / / / / / / /
- OCS Gulf of Mexico Miles: / / / / / / / / / / / / / / / /
- OCS Pacific Miles: / / / / / / / / / / / / / / / /
- OCS Alaska Miles: / / / / / / / / / / / / / / / /

3h. List all of the State waters in which these pipelines and/or facilities are physically located

Pipelines:

State 1: / / / / Miles: / / / / / / / / / / / / / / / /  
Counties: \_\_\_\_\_

State 2: / / / / Miles: / / / / / / / / / / / / / / / /  
Counties: \_\_\_\_\_

(Add States as needed)

Facilities

State 1: / / / / Description: \_\_\_\_\_  
Counties: \_\_\_\_\_

State 2: / / / / Description: \_\_\_\_\_  
Counties: \_\_\_\_\_

(Add States as needed)

3. For Gas Transmission or Hazardous Liquid, the pipelines and/or facilities covered by this notification are: (Select Interstate and/or Intrastate, and complete the remaining Questions 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 facility type was selected in STEP 3, Question 1.

NOTE: This series of questions should be completed separately for each of the following facility types selected: Gas Transmission and Hazardous Liquid. In other words, if the Notification covers Gas Transmission as well as Hazardous Liquid facilities, then this series of questions will need to be completed two separate times – once for each of these two facility types.

- Interstate  Intrastate
- Onshore

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

**For Construction of new pipeline (including replacement of existing pipeline) ONLY, include Question 3b.**

3b. Are portions of this pipeline to be installed in common parallel corridors, rights-of-way, or trenches with other utilities? (select all that apply)

- No
- Yes, parallel to other pipelines subject to 49 CFR 192 or 195
- Yes, parallel to other electric facilities such as Transmission/Distribution lines and/or Wind Farm power lines
- Yes, parallel to other underground Utilities such as water or sewer (sanitary/storm)
- Yes, parallel to other underground Utilities such as cable TV or other communications lines
- Yes, parallel to other facilities ⇨ Describe: \_\_\_\_\_

3c. List all of the States and Counties in which the Onshore pipelines and/or facilities are physically located :

Pipelines

State 1: / / / / Miles: / / / / / / / / / / / / / / / /  
Counties: \_\_\_\_\_

State 2: / \_\_\_ / \_\_\_ /      Miles: / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /  
Counties: \_\_\_\_\_

(Add States as needed)

Facilities

State 1: / \_\_\_ / \_\_\_ /      Description: \_\_\_\_\_  
Counties: \_\_\_\_\_

State 2: / \_\_\_ / \_\_\_ /      Description: \_\_\_\_\_  
Counties: \_\_\_\_\_

(Add States as needed)

Offshore

3f. Approximate number of regulated pipeline miles: **calc** miles

3g. Select all of the OCS (Outer Continental Shelf) Areas in which the Offshore pipelines and/or facilities are physically located:

- OCS Atlantic      Miles: / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
- OCS Gulf of Mexico      Miles: / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
- OCS Pacific      Miles: / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /
- OCS Alaska      Miles: / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /

3h. List all of the State waters in which these pipelines and/or facilities are physically located:

Pipelines

State 1: / \_\_\_ / \_\_\_ /      Miles: / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /  
Counties: \_\_\_\_\_

State 2: / \_\_\_ / \_\_\_ /      Miles: / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ / \_\_\_ /  
Counties: \_\_\_\_\_

(Add States as needed)

Facilities

State 1: / \_\_\_ / \_\_\_ /      Description: \_\_\_\_\_  
Counties: \_\_\_\_\_

State 2: / \_\_\_ / \_\_\_ /      Description: \_\_\_\_\_  
Counties: \_\_\_\_\_

(Add States as needed)

3. For Underground Natural Gas Storage (UNGS), the facilities covered by this notification are:

- Interstate       Intrastate

3a. List the Facility Name, State and County in which each facility is physically located:

Facility Name: \_\_\_\_\_  
State: / \_\_\_ / \_\_\_ /      County: \_\_\_\_\_

(Add Facilities as needed)



