

Reporting 191 & 192.18 Notification

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192.18 Notification

Unless otherwise specified, if an operator submits, pursuant to § 192.8, § 192.9, § 192.13, § 192.179, § 192.319, § 192.461, § 192.506, § 192.607, § 192.619, § 192.624, § 192.632, § 192.634, § 192.636, § 192.710, § 192.712, § 192.714, § 192.745, § 192.917, § 192.921, § 192.927, § 192.933, or § 192.937, a notification for use of a different integrity assessment method, analytical method, compliance period, sampling approach, pipeline material, or technique (e.g., “other technology” or “alternative equivalent technology”) than otherwise prescribed in those sections, that notification must be submitted to PHMSA for review at least 90 days in advance

The definition
of operator
varies between
192 & 195

PER 192.3--*OPERATOR* MEANS A PERSON
WHO ENGAGES IN THE TRANSPORTATION
OF GAS.

PER 195.3--OPERATOR MEANS A PERSON
WHO OWNS OR OPERATES PIPELINE
FACILITIES.—

ANNUAL REPORTING MUST BE MADE BY
THE OPERATOR—WHAT IS THE OPID FOR
THE OWNER

WHAT IS THE NAME ASSOCIATED WITH THE
OPID—THAT IS WHO FILES.

Incident Reports 191.5

191.5 AT THE EARLIEST PRACTICABLE MOMENT FOLLOWING DISCOVERY, BUT NO LATER THAN ONE HOUR AFTER CONFIRMED DISCOVERY.....

NAMES OF **OPERATOR** AND PERSON MAKING REPORT AND THEIR TELEPHONE NUMBERS, LOCATION OF THE INCIDENT, TIME OF THE INCIDENT, NUMBER OF FATALITIES AND PERSONAL INJURIES, IF ANY, SIGNIFICANT FACTS THAT ARE KNOWN.

WITHIN 48 HOURS AFTER THE CONFIRMED DISCOVERY OF AN INCIDENT, ANY CHANGES AND CONFIRMATION OF INITIAL REPORT

IF YOU HAVE A PARENT COMPANY—IT IS NOT THAT NAME—NAME ASSOCIATED WITH OPID

Submitting Reports 191.7

<http://portal.phmsa.dot.gov/pipeline>

Except SRC's—SRC's can be faxed or emailed

If electronic reporting imposes an undue burden and hardship, an operator may submit a written request:

Information Resources Manager

Office of Pipeline Safety

Pipeline and Hazardous Materials Safety Administration, PHP-20, 1200 New Jersey Avenue,
SE, Washington DC 20590

An event that involves a release of gas from a pipeline, gas from an (UNGSF), LNG pipeline or facility, LPG, refrigerant gas, and that results in one or more of the following consequences:

- (i) A death, or personal injury requiring in-patient hospitalization;
- (ii) Estimated property damage of \$122,000 or more, including loss to the operator and others, or both, but excluding the cost of gas lost. For adjustments for inflation observed in calendar year 2021 onwards, changes to the reporting threshold will be posted on PHMSA's website. These changes will be determined in accordance with the procedures in appendix A to part 191.
- (iii) Unintentional estimated gas loss of three million cubic feet or more.

| Year | Effective Dates | Threshold |
|------|------------------------------------|-----------|
| 2025 | July 1, 2025 through June 30, 2025 | \$149,700 |
| 2024 | July 1, 2024 through June 30, 2025 | \$145,400 |
| 2023 | July 1, 2023 through June 30, 2024 | \$139,700 |
| 2022 | July 1, 2022 through June 30, 2023 | \$129,300 |

Incident Reporting 191.9

PART H - NARRATIVE DESCRIPTION OF THE INCIDENT

Call received @ 21:07 on August 16, 2023. Police Dept reporting that trailer backed over gas meter. Call was then updated to state that home is now on fire and fire dept is in route. Emergency order created and dispatched to first responder @ 21:16. First responder arrived 21:36, meter was off by Fire Dept upon arrival. Upon further investigation, the regulator was damaged by the vehicle that struck it and was removed at the request of the fire department later that evening. During the investigation it was determined that the neighbor struck the meter installation causing the leak that was originally reported. Upon receiving estimated damages from Fire Report on August 17, 2023, it was determined that incident criteria was met and call was made to NRC.

Reports should be accurate—must be one of those new self driving trailers. Incident report indicated 20 psig operating pressure, 60 psig MAOP—Did narrative indicate if EFV tripped???

| PART D - ADDITIONAL CONSEQUENCE INFORMATION | |
|---|------------------------------|
| 1. Class Location of Incident: | Class 3 Location |
| 2. Estimated Property Damage: | |
| 2a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator | \$450,000 |
| 2b. Estimated cost of Operator's property damage & repairs | \$0 |
| 2c. Estimated cost of emergency response | \$291 |
| 2d. Estimated other costs | \$0 |
| - Describe: | |
| 2e. Property damage subtotal (sum of above) | \$450,291 |
| <u>Cost of Gas Released</u> | |
| Cost of Gas in \$ per thousand standard cubic feet (mcf): | \$4.0500 |
| 2f. Estimated cost of gas released unintentionally | \$3 |
| 2g. Estimated cost of gas released intentionally during controlled release/blowdown | \$0 |
| 2h. Total estimated cost of gas released (sum of 2f and g) | \$3 |
| 2i. Estimated Total Cost (sum of 2e and 2h) | \$450,294 |
| 3. Estimated number of customers out of service: | |
| 3a. Commercial entities | 0 |
| 3b. Industrial entities | 0 |
| 3c. Residences | 0 |
| Injured Persons not included in A10 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A10. If a person is included in A10, do not include them in D4. | |
| 4. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: | 0 |
| If a person is included in 4, do not include them in 5. | |
| 5. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: | 0 |
| <u>Buildings Affected</u> | |
| 6. Number of residential buildings affected (evacuated or required repair or had gas service interrupted): | 1 |
| 7. Number of business buildings affected (evacuated or required repair or had gas service interrupted): | 0 |
| PART E - ADDITIONAL OPERATING INFORMATION | |
| 1. Estimated pressure at the point and time of the Incident (psig): | 20.00 |
| 2. Normal operating pressure at the point and time of the Incident (psig): | 20.00 |
| 3. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): | 60.00 |
| 3a. MAOP established by 49 CFR section: | 192.619(a)(4) |
| 3b. Date MAOP established: | 01/03/2000 |
| 4. Describe the pressure on the system relating to the Incident: | Pressure did not exceed MAOP |

Reporting 191.11 Distribution Annual Report

MUST SUBMIT AN ANNUAL REPORT FOR THAT SYSTEM ON DOT FORM PHMSA F 7100.1-1.

NO LATER THAN MARCH 15, FOR PIPING IN PLACE AS OF DECEMBER 31 OF THE PRECEDING CALENDAR YEAR.

NOT REQUIRED. THE ANNUAL REPORT REQUIREMENT IN THIS SECTION DOES NOT APPLY TO A MASTER METER SYSTEM, A PETROLEUM GAS SYSTEM THAT SERVES FEWER THAN 100 CUSTOMERS FROM A SINGLE SOURCE, OR AN INDIVIDUAL SERVICE LINE DIRECTLY CONNECTED TO A PRODUCTION PIPELINE OR A GATHERING LINE OTHER THAN A REGULATED GATHERING LINE AS DETERMINED IN § 192.8.

ANNUAL REPORT INSTRUCTIONS

[HTTPS://WWW.PHMSA.DOT.GOV/FORMS/OPERATOR-
REPORTS-SUBMITTED-PHMSA-FORMS-AND-
INSTRUCTIONS](https://www.phmsa.dot.gov/forms/operator-reports-submitted-phmsa-forms-and-instructions)

| PART A - OPERATOR INFORMATION | | (DOT use only) | 20240841-58398 |
|--|--|------------------|----------------|
| 1. Name of Operator | | Stevens Pipeline | |
| 2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED) | | | |
| 2a. Street Address | | 1 | |
| 2b. City and County | | | |
| 2c. State | | LA | |
| 2d. Zip Code | | | |
| 3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER | | 1 | |
| 4. HEADQUARTERS NAME & ADDRESS | | | |
| 4a. Street Address | | 1 | |
| 4b. City and County | | | |
| 4c. State | | LA | |
| 4d. Zip Code | | | |
| 5. STATE IN WHICH SYSTEM OPERATES | | LA | |
| 6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP <i>(Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)</i> | | | |
| Natural Gas | | | |
| 7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERATOR <i>(Select Type of Operator based on the structure of the company included in this OPID for which this report is being submitted.):</i> | | | |
| Municipal Owned | | | |
| PART B - SYSTEM DESCRIPTION | | | |
| 1.GENERAL | | | |

| | |
|--|----|
| 4. HEADQUARTERS NAME & ADDRESS | |
| 4a. Street Address | 1 |
| 4b. City and County | |
| 4c. State | LA |
| 4d. Zip Code | |
| 5. STATE IN WHICH SYSTEM OPERATES | LA |
| 6. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP <i>(Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)</i> | |
| Natural Gas | |
| 7. THIS REPORT PERTAINS TO THE FOLLOWING TYPE OF OPERATOR <i>(Select Type of Operator based on the structure of the company included in this OPID for which this report is being submitted.):</i> | |
| Municipal Owned | |

| PART B - SYSTEM DESCRIPTION | | | | | | | | | | | |
|-----------------------------|-------------|--------|---------------------------|--------|---------|--------------------------|-----------------|--------|-------|--------------------------------|-----------------|
| 1.GENERAL | | | | | | | | | | | |
| | STEEL | | | | PLASTIC | CAST/ WROUGHT IRON | DUCTILE IRON | COPPER | OTHER | RECONDITION ED CAST IRON | SYSTEM TOTAL |
| | UNPROTECTED | | CATHODICALLY PROTECTED | | | | | | | | |
| | BARE | COATED | BARE | COATED | | | | | | | |
| MILES OF MAIN | 0 | 0 | 0 | 0 | 11 | 0 | 0 | 0 | 0 | 0 | 11 |
| NO. OF SERVICES | 0 | 0 | 0 | 18 | 526 | 0 | 0 | 0 | 0 | 0 | 544 |

NOTICE: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty OMB No. 2137-0629 as provided in 49 USC 60122.

OMB NO: 2137-0629
EXPIRATION DATE: 6/30/2026

| 2. MILES OF MAINS IN SYSTEM AT END OF YEAR | | | | | | | |
|---|---------|------------|-----------------|----------------------------|------------------|----------|---------------|
| MATERIAL | UNKNOWN | 2" OR LESS | OVER 2" THRU 4" | OVER 4" THRU 8" | OVER 8" THRU 12" | OVER 12" | SYSTEM TOTALS |
| STEEL | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DUCTILE IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| COPPER | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAST/WROUGHT IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PLASTIC PVC | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PLASTIC PE | 0 | 8 | 3 | 0 | 0 | 0 | 11 |
| PLASTIC ABS | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PLASTIC OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RECONDITIONED CAST IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 8 | 3 | 0 | 0 | 0 | 11 |
| Describe Other Material: | | | | | | | |
| 3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR | | | | AVERAGE SERVICE LENGTH: 15 | | | |
| MATERIAL | UNKNOWN | 1" OR LESS | OVER 1" THRU 2" | OVER 2" THRU 4" | OVER 4" THRU 8" | OVER 8" | SYSTEM TOTALS |
| STEEL | 0 | 0 | 18 | 0 | 0 | 0 | 18 |
| DUCTILE IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| COPPER | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CAST/WROUGHT | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Must include a footage, if not it will default to 90 feet

| MATERIAL | UNKNOWN | 1" OR LESS | OVER 1" THRU 2" | OVER 2" THRU 4" | OVER 4" THRU 8" | OVER 8" | SYSTEM TOTALS | | | | | |
|--|---------|------------|-----------------|-----------------|-----------------|-----------|---------------|-----------|-----------|-----------|-----------|-------|
| STEEL | 0 | 0 | 18 | 0 | 0 | 0 | 18 | | | | | |
| DUCTILE IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| COPPER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| CAST/WROUGHT IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| PLASTIC PVC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| PLASTIC PE | 0 | 2 | 524 | 0 | 0 | 0 | 526 | | | | | |
| PLASTIC ABS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| PLASTIC OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| RECONDITIONED CAST IRON | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| TOTAL | 0 | 2 | 542 | 0 | 0 | 0 | 544 | | | | | |
| Describe Other Material: | | | | | | | | | | | | |
| 4.MILES OF MAIN AND NUMBER OF SERVICES BY DECADE OF INSTALLATION | | | | | | | | | | | | |
| | UNKNOWN | PRE-1940 | 1940-1949 | 1950-1959 | 1960-1969 | 1970-1979 | 1980-1989 | 1990-1999 | 2000-2009 | 2010-2019 | 2020-2029 | TOTAL |
| MILES OF MAIN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 0 | 11 |
| NUMBER OF SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 542 | 2 | 544 |
| PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING THE YEAR | | | | | | | | | | | | |

| CAUSE OF LEAK | MAINS | | SERVICES | |
|---|-------|-----------|-------------------|-----------|
| | TOTAL | HAZARDOUS | TOTAL | HAZARDOUS |
| CORROSION FAILURE | | | 1 | |
| NATURAL FORCE DAMAGE | | | | |
| EXCAVATION DAMAGE | | | | |
| OTHER OUTSIDE FORCE DAMAGE | 1 | | | |
| PIPE, WELD OR JOINT FAILURE | 18 | | 25 | |
| EQUIPMENT FAILURE | 2 | | 82 | |
| INCORRECT OPERATIONS | | | | |
| OTHER CAUSE | 2 | | | |
| NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR : 0 NUMBER OF HAZARDOUS LEAKS INVOLVING A MECHANICAL JOINT FAILURE : 0 | | | | |
| PART D - EXCAVATION DAMAGE | | | PART E - RESERVED | |
| 1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: <u>0</u> a. One-Call Notification Practices Not Sufficient: <u>0</u> b. Locating Practices Not Sufficient: <u>0</u> c. Excavation Practices Not Sufficient: <u>0</u> d. Other: <u>0</u> | | | | |

Be able to discuss the 82
DIMP should help



| PART D - EXCAVATION DAMAGE | PART E - RESERVED |
|--|--|
| <p>1. TOTAL NUMBER OF EXCAVATION DAMAGES BY APPARENT ROOT CAUSE: <u>0</u></p> <p>This is 1st, 2nd & 3rd party</p> <p>a. One-Call Notification Practices Not Sufficient: <u>0</u></p> <p>b. Locating Practices Not Sufficient: <u>0</u></p> <p>c. Excavation Practices Not Sufficient: <u>0</u></p> <p>d. Other: <u>0</u></p> | |
| <p>2. NUMBER OF EXCAVATION TICKETS <u>308</u></p> <p>Does this number match your Onecall Center data?</p> | |
| PART F - LEAKS ON FEDERAL LAND | PART G - PERCENT OF UNACCOUNTED FOR GAS |
| <p>TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: <u>1</u></p> | <p>UNACCOUNTED FOR GAS AS A PERCENT OF TOTAL CONSUMPTION FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR.</p> <p>[(PURCHASED GAS + PRODUCED GAS) MINUS (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS)] DIVIDED BY (CUSTOMER USE + COMPANY USE + APPROPRIATE ADJUSTMENTS) TIMES 100 EQUALS PERCENT UNACCOUNTED FOR.</p> <p>FOR YEAR ENDING 6/30: <u>14.9%</u></p> <p>Be able to discuss</p> |



3

4



| PART H - ADDITIONAL INFORMATION | | |
|--|----------------------------------|--|
| | | |
| PART I - PREPARER | | |
| | | |
| <div>person to be contacted for more information</div> <div>PHMSA will use your e-mail address</div> | | |
| | | |
| | | |
| (Preparer's email address) | (Area Code and Facsimile Number) | |

Reporting 191.13

Each operator, primarily engaged in gas distribution, who also operates gas transmission or gathering pipelines shall submit separate reports for these pipelines as required by §§191.15 and 191.17

Reporting 191.15 Incidents

Operators of a transmission, offshore gathering, or a regulated onshore gathering pipeline system must submit Department of Transportation (DOT) Form PHMSA F 7100.2—ASAP within 30 days of an incident

Reporting-regulated gathering. **(TYPE R)** Each operator of a reporting- regulated gathering pipeline system must submit DOT Form PHMSA F 7100.2-2 ASAP but within 30 days

Remember Vacuum Lines

LNG gas plant or facility must submit DOT Form PHMSA F 7100.3 ASAP but within 30 days after detection of an incident required to be reported under § 191.5 of this part.

Each operator of a UNGSF must submit DOT Form PHMSA F7100.2 ASAP but within 30 days after the detection of an incident required to be reported under § 191.5.



Pipeline and Hazardous Materials
Safety Administration

U.S. Department of Transportation 

[PHMSA Home](#) | [Contact Information](#) | [DOT Vulnerability Disclosure Policy](#)

PHMSA Portal Access Page

!!! IMPORTANT ANNOUNCEMENT !!!

The PHMSA Portal has implemented Multi-Factor Authentication (MFA). All external/non-DOT users must now register with Login.gov prior to accessing the PHMSA Portal System. If you have any questions, please email PortalSupport@dot.gov.

Notice to Pipeline Operators: When registering with LOGIN.GOV, please provide the same email address originally used to request an OPID.

Thank you for your continuing support as we work to make PHMSA's Portal System more secure.

Sign in with  MyAccess

OR

Sign in with  LOGIN.GOV

Operators--Inspectors will review your Annual reports

| | | | | | |
|--|------------------------------------|-------|-------|---|---------|
| 30% SMYS but less than or equal to 40% SMYS | 39.83 | 5.97 | 7.89 | 0 | 53.69 |
| Steel pipe Greater than 40% SMYS but less than or equal to 50% SMYS | Do you have pipe operating at 80%? | | | | .1 |
| Steel pipe Greater than 50% SMYS but less than or equal to 60% SMYS | 981.3 | 83.82 | 17.86 | 0 | 1082.98 |
| Steel pipe Greater than 60% SMYS but less than or equal to 72% SMYS | 630.84 | 5.17 | 1.36 | 0 | 637.37 |
| Steel pipe Greater than 72% SMYS but less than or equal to 80% SMYS | 0 | 0 | 0 | 0 | 0 |
| Steel pipe Greater than 80% SMYS | 8.62 | 1.44 | 0 | 0 | 10.06 |
| Steel pipe Unknown percent of SMYS | 10.48 | 0 | 12.81 | 0 | 23.29 |
| All Non-Steel pipe | 0 | 0 | 0 | 0 | 0 |
| | | | | | |

National Registry 191.22(c)(1)

- (i) Construction of any planned rehabilitation, replacement, modification, upgrade, uprate, or update of a facility, other than a section of line pipe, that costs \$10 million or more. If 60-day notice is not feasible because of an emergency, an operator must notify PHMSA as soon as practicable;
- (ii) Construction of 10 or more miles of a new pipeline;
- (iii) Construction of a new LNG plant, LNG facility, or UNGSF;
- (iv) Maintenance of a UNGSF that involves the plugging or abandonment of a well, or that requires a workover rig and costs \$200,000 or more for an individual well, including its wellhead. If 60-days' notice is not feasible due to an emergency, an operator must promptly respond to the emergency and notify PHMSA as soon as practicable.
- (v) Reversal of product flow direction when the reversal is expected to last more than 30 days. This notification is not required for pipeline systems already designed for bi-directional flow; or
- (vi) A pipeline converted for service under § 192.14 of this chapter, or a change in commodity as reported on the annual report as required by § 191.17.

National Registry 191.22(c)(2)

- (i) A change in the primary entity responsible (i.e., with an assigned OPID) for managing or administering a safety program required by this part covering pipeline facilities operated under multiple OPIDs;
- (ii) A change in the name of the operator;
- (iii) A change in the entity (e.g., company, municipality) responsible for an existing pipeline, pipeline segment, pipeline facility, UNGSF, or LNG facility;
- (iv) The acquisition or divestiture of 50 or more miles of a pipeline or pipeline system subject to part 192 of this subchapter; or
- (v) The acquisition or divestiture of an existing UNGSF, or an LNG plant or LNG facility subject to part 193 of this subchapter.

Reporting 191.23 Reporting safety-related conditions

A pipeline (other than an LNG facility) that operates at 20% or more of SMYS-- **general corrosion**, that has reduced the wall thickness to less than that required for MAOP, **and localized corrosion** pitting to a degree where leakage might result.

UNGSF, **general corrosion** that has reduced the wall thickness of any metal component to less than that required for the well's MOP, or **localized corrosion** pitting to a degree where leakage might result.

Unintended movement or abnormal loading by environmental causes, such as an earthquake, landslide, or flood, that impairs the serviceability of a pipeline or the structural integrity or reliability of a UNGSF or LNG facility that contains, controls, or processes gas or LNG.

Any crack or other material defect that impairs the structural integrity or reliability of a UNGSF or an LNG facility that contains, controls, or processes gas or LNG.

Any **material defect that impairs the serviceability of a pipeline** that operates at 20% or more SMYS, or the serviceability or the structural integrity of a UNGSF.

Reporting 191.23 Reporting safety-related conditions

Any malfunction or operating error that causes the pressure- plus the build-up allowed for operation of pressure limiting or control devices - to exceed either the MAOP of a distribution or gathering line, the maximum well allowable operating pressure of an UNGSF, or the MAWP of an LNG facility that contains or processes gas or LNG.

A leak in a pipeline, UNGSF, or LNG facility containing or processing gas or LNG that constitutes an emergency.

Inner tank leakage, ineffective insulation, or frost heave that impairs the structural integrity of an LNG storage tank.

Any safety-related condition that could lead to an imminent hazard, for purposes Other than abandonment, a 20% or more reduction **(IMP)** in operating pressure or shutdown of operation of a pipeline, UNGSF, or an LNG facility that contains or processes gas or LNG.

Reporting 191.23 Reporting safety-related conditions

Transmission pipelines only, exceedance of the MAOP plus build-up

The reporting requirement of the above is not applicable to gathering lines, distribution lines, LNG facilities, or UNGSF.

Any malfunction or operating error that causes the pressure of a UNGSF using a salt cavern for natural gas storage to fall below its minimum allowable operating pressure, as defined by the facility's *State* or Federal operating permit or certificate, whichever pressure is higher.

Reporting 191.23 Reporting safety-related conditions

A report is **not** required for:

Exists on a **master meter system**, A reporting-regulated gathering pipeline—**TYPE R**, A Type C gas gathering pipeline with an outside diameter of 12.75 inches or less
A Type C gas gathering pipeline covered by the exception in § 192.9(f)(1).....

Is an incident or results in an incident before the deadline for filing the safety-related condition report;

Exists on a pipeline (other than an UNGSF or an LNG facility) that is more than 220 yards (200 meters) from any BIHO or outdoor place of assembly,
Except reports are required for conditions within the ROW of an active railroad, paved road, street, or highway; or.....

Reporting 191.23 Reporting safety-related conditions

Is corrected by repair or replacement before the deadline for filing the SRC

A report must be filed for:

General Corrosion in a pipeline above 20% SMYS unless it is localized corrosion pitting on an effectively coated and cathodically protected pipeline; and

For Transmission--Any exceedance of MAOP(exceeding Build up) OR Exists on an UNGSF, where a well or wellhead is isolated, allowing the reservoir or cavern and all other components of the facility to continue to operate normally and without pressure restriction.

Reporting 191.25 Filing safety-related conditions

Each report of a safety-related condition must be filed in writing within 5 working days (not including Saturday, Sunday, or Federal holidays) after the day a representative of an operator first determines that the condition exists, but not later than 10 working days after the day a representative of an operator discovers the condition. Separate conditions may be described in a single report if they are closely related. Reporting methods and report requirements are described in paragraph (c) of this section.

(b) Each report of a MAOP exceedance meeting the requirements of criteria in § 191.23(a)(10) for a gas transmission pipeline must be filed (received by the Associate Administrator) in writing within 5 calendar days of the exceedance

Reports must be filed by email to *InformationResourcesManager@dot.gov* or by facsimile to (202)366-7128. The report must be headed "Safety-Related Condition Report."

MAOP Exceedance, (GAS TRANSMISSION) the report must be headed "Maximum Allowable Operating Pressure Exceedances."

All reports must provide the following information:

Name, principal address, and operator identification number (OPID) of the operator.

Date of report

Name, job title, and business telephone number of *person* submitting the report

Name, job title, and business telephone number of person who determined that the condition exists.

Date condition was discovered, and date condition was first determined to exist

Location of condition, with reference to the State (and town, city, or county) or offshore site, and as appropriate, nearest street address, offshore platform, survey station number, milepost, landmark, or name of pipeline.

Description of the condition, including circumstances leading to its discovery, any significant effects of the condition on safety, and the name of the commodity transported or stored.

The corrective action taken (including reduction of pressure or shutdown) before the report is submitted and the planned follow-up or future corrective action, including the anticipated schedule for starting and concluding such action.

Reporting 191.29 NPMS

Each operator of a **gas transmission pipeline** or liquefied natural gas facility must provide the following geospatial data to PHMSA for that pipeline or facility:

The information required in paragraph (a) of this section must be submitted each year, on or before **March 15, representing assets as of December 31 of the previous year.** If no changes have occurred since the previous year's submission, the operator must comply with the guidance provided in the NPMS Operator Standards manual available at www.npms.phmsa.

*Mileage of NPMS piping and annual report piping must be within 5%
if not you will be notified--*

Reporting Part 191

DATA AND STATISTICS

QUESTIONS