NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a exceed \$100,000 for each violation for each day that such violation persists except th penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.		OMB NO: 2137-0047 EXPIRATION DATE: 01/3	31/2014
A	Original Report Date:	06/21/20*	10
U.S Department of Transportation	No.	20100119 - 1	7791
Pipeline and Hazardous Materials Safety Administration		(DOT Use O	
ACCIDENT REPORT - HAZ PIPELINE SYS)	
A federal agency may not conduct or sponsor, and a person is not required to respon with a collection of information subject to the requirements of the Paperwork Reducti OMB Control Number. The OMB Control Number for this information collection is 21 to be approximately 10 hours per response (5 hours for a small release), including th completing and reviewing the collection of information. All responses to this collection burden estimate or any other aspect of this collection of information, including sugge Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, V INSTRUCTIONS	on Act unless that collect 37-0047. Public reportin e time for reviewing instr n of information are man stions for reducing this b	tion of information displays a g for this collection of informa uctions, gathering the data no datory. Send comments rega	current valid ation is estimated eeded, and arding this
Important: Please read the separate instructions for completing this form before you examples. If you do not have a copy of the instructions, you can obtain one from the http://www.phmsa.dot.gov/pipeline .			rovide specific
Report Type: (select all that apply)	Original:	Supplemental:	Final:
Last Revision Date:	04/03/2013	Yes	Yes
Operator's OPS-issued Operator Identification Number (OPID):	32334		
2. Name of Operator	TC OIL PIPELINE (OPERATIONS INC	
3. Address of Operator:			
3a. Street Address 3b. City	717 TEXAS AVE HOUSTON		
30. City 3c. State	Texas		
3d. Zip Code	77002		
4. Local time (24-hr clock) and date of the Accident:	05/21/2010 13:45		
5. Location of Accident:			
Latitude:	44.62351		
Longitude:	-97.92161 941193		
 6. National Response Center Report Number (if applicable): 7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): 	05/21/2010 18:41		
 Commodity released: (select only one, based on predominant volume released) 	Crude Oil		
- Specify Commodity Subtype:			
 - If "Other" Subtype, Describe: - If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend: %: 			
 If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend (e.g. B2, B20, B100): 			
 9. Estimated volume of commodity released unintentionally (Barrels): 10. Estimated volume of intentional and/or controlled release/blowdown (Barrels): 	.11		
 Estimated volume of commodity recovered (Barrels): Were there fatalities? 	No		
- If Yes, specify the number in each category:	1		
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders 12d. Workers working on the right-of-way, but NOT			
associated with this Operator			
12e. General public 12f. Total fatalities (sum of above)			
13. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:			
13a. Operator employees			
13b. Contractor employees working for the Operator 13c. Non-Operator emergency responders			

134. Workers working on the right-f-way, but NOT ass. General public		
associated with this Operator 13. Total injuries (sum of above) 13. Total injuries (sum of above) 13. Total injuries (sum of above) 14. Was the phonomachic the Academ? 14. No Explaint 14. No Explaint 14. If No Explaint 14. Local time pole inde a bia.ukown: 15. Odd the commodity applied? 15. Odd the commodity applied? 16. Odd the commodity applied? 16. Odd the commodity applied? 17. Number of general public evacuated: 18. Local time pole inde add table above: 18. Local time pole inde add table above: 19. No 19. Difference (use local time, 24-hor clock) 16. Diff the commodity applied? 17. Number of general public evacuated: 18. Local time Operator identified Academt 18. Local time Operator identified Academt 18. Local time Operator identified Academt 19. Local time Operator identified Academt 19. Ves Complete Questions (27-12) 17. Number of general public evacuated: 18. Local time Operator identified Academt 19. Ves Complete Questions (27-12) 17. Number of general public evacuated: 19. Local time Operator identified Academt 19. Ves Complete Questions (27-12) 17. Number of general public evacuated: 19. Complete Questions (27-12) 17. Number of general public evacuated: 19. Complete Questions (27-12) 17. Number of general public evacuated: 19. Complete Questions (27-12) 17. Number of general public evacuated: 19. Complete Questions (27-12) 17. Number of general public evacuated: 19. Complete Questions (27-12) 17. Number of general public evacuated: 19. Complete Questions (27-12) 10. Complete Questio	13d. Workers working on the right-of-way, but NOT	
13. Total inpuise (sum of above) Yes 14. Was the pipelinefacility station due to the Accident? Yes 14 No. Explain: 05/27/2010 09:00 14 No. Explain: 05/27/2010 09:00 14 Local time pipelinefacility statistic? 05/27/2010 09:00 - Sitti shut down? (* Supplemental Report Required) No 15. Dot the commodity galac? No 16. Dot the commodity equipered No 17. Number of general public evacuated: No 18. Local time Operator resources arrived on site: Image: Complete Distribution Accident: 18. Local time Operator resources arrived on site: Image: Complete Distribution Accident onshore? 19. Local time Operator resources arrived on site: Image: Complete Distribution Accident onshore? 19. Was the origin of Accident onshore? Yes 19. Code: 17.85. Complete Distribution Accident: 2. State: South Dakota 3. Zip Code: 5722 4. City Carpenter 5. County or Parish Beade 6. Operator-designated Incation: Specify: 7. Pipelino/Facility name: Carpenter 8. Segment nameD: Specify: 9. Was Accident on Facial land, other than the Outer Continental Shelf 10. Occalion of Accident: Totally contalaned on Operator-controlled properly		
14. Was the pipeline/facility shut down due to the Accident? Yes • I' No., Explain: 052/1/2010 14:00 • I' Ves, complete Questions 14a and 14b. (<i>use local time</i> , 24/h: clock) 052/1/2010 14:00 • 14b. Local time and date of shutdown: 052/1/2010 14:00 • 16b. Die the bills and com/1? 052/1/2010 14:00 • 17b. Die the commodity inplie? 052/1/2010 14:00 • 16. Die the bills of dom/1? 052/1/2010 14:00 • 17 Number of premark public exocutable: 052/1/2010 14:00 • 17 Number of premark public exocutable: 052/1/2010 14:00 • 18. The sequence (use local time, 24-boar clock): 052/1/2010 14:00 • 18. Local time Operator resources arrived on site: 16. PRT B - ADDITIONAL LOCATION INFORMATION 17. • Nonshore: 17. • 17 Onshore: Yes • 17 Onshore: 17. • 2. State: South Dakota • 2. Order: 9. • 10 Onshore: 11.0 • 2. South or Parish Becald • Corpeter designated location: Specify: • 11.0 10. • Corpeter designated location: Specify: • 17 Oscian of Accident: 10. • 2. South Cash of Accident land, other than the Outer Continental Shell • 0. Cocation of Accident: <td< td=""><td>13e. General public</td><td></td></td<>	13e. General public	
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7. Pipeline/Facility name: Carpenter Pump Station 8. Segment name/ID: Glacial Lakes 9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)? No 10. Location of Accident: Totally contained on Operator-controlled property 11. Area of Accident (as found): Underground 9 Specify: Underground 11. Area of Accident cocur in a crossing? Inf Other, Describe: Depth-of-Cover (in): 96 12. Did Accident occur in a crossing? No • If Yes, specify below: - 96 • If Bridge crossing - Cased/ Uncased: - • If Railroad crossing - Cased/ Uncased - • If Railroad crossing - Cased/ Uncased - • If Water crossing - - - Cased/ Uncased - Select: - • Approximate water depth (ft) at the point of the Accident: - - 14. Origin of Accident: - - - • If Offshore: - - - • Approximate water depth (ft) at the point of the Accident: - - 14. Origin of Accident: - - -		
8. Segment name/D: Glacial Lakes 9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)? No 10. Location of Accident: Totally contained on Operator-controlled property 11. Area of Accident (as found): Under ground Under soil Under soil 12. Did Accident occur in a crossing? If Other, Describe: 14. Yes, specify below: 96 1. If vasion of accident: No 1. If aligne crossing - Cased/ Uncased? 0. If Rairoad crossing - Cased/ Uncased/ Bored/drilled - If Rairoad crossing - Cased/ Uncased Bored/drilled - If Water crossing - - Cased/ Uncased - - Name of body of water, if commonly known: - - Approx. water depth (ft) at the point of the Accident: - 14. Origin of Accident: - - In State waters - Specify: - - Nearest County/Parish: - -		
9. Was Accident on Federal land, other than the Outer Continental Sheff (OCS)? 10. Location of Accident: 10. Location of Accident: 11. Area of Accident (as found): Specify: Underground - If Other, Describe: Depth-of-Cover (in): 96 12. Did Accident occur in a crossing? - If Bridge crossing - - If Bridge crossing - - If Bridge crossing - - If Railroad crossing - - Cased/ Uncased/ Bored/drilled - If Railroad crossing - - Cased/ Uncased/ Bored/drilled - If Water crossing - - Cased/ Uncased/ Bored/drilled - If Water crossing - - Cased/ Uncased/ Bored/drilled - If Water crossing - - Cased/ Uncased bored/drilled - If Water crossing - - Cased/ Uncased bored/drilled - If Water crossing - - Cased/ Uncased bored/drilled - If Water crossing - - Select: - Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: 13. Approximate water depth (ft) at the point of the Accident: - In State waters - Specify: - State: - In State waters - Specify: - Area: - Names of Local - Specify: - Area: - Names of Local - Specify: - Area: - Names of Local - Specify: - Area: - Block ff: 15. Area of Accident: - State: - Area: - Block ff: 15. Area of Accident: - State - - Block ff: 15. Area of Accident: - State - - Block ff: 15. Area of Accident: - Area: - Block ff: - Case of Accident: - Area: - Block ff: - State - - Block ff: - State - - Block ff: - Case of Accident: - Area: - Block ff: - Case of Accident: - Area: - Block ff: - Case of Accident: - Area: - Block ff: - Case - - Block ff: - Case - - Block ff: - Case - - Case - - Case - - B	7. Pipeline/Facility name:	
(OCS)? No 10. Location of Accident: Totally contained on Operator-controlled property 11. Area of Accident (as found): Specify: Under soil Under soil - If Other, Describe: Depth-of-Cover (in): 96 12. Did Accident occur in a crossing? - If Bridge crossing - No - If Bridge crossing - Cased/ Uncased: - If Railroad crossing - Cased/ Uncased/ Cased/ Uncased/ Bored/drilled - - If Rad crossing - Cased/ Uncased/ Cased/ Uncased/ Bored/drilled - - If Water crossing - - Cased/ Uncased/ - - Name of body of water, if commonity known: - - Approx. water depth (ft) at the point of the Accident: - 13. Approximate water depth (ft) at the point of the Accident: - - If Offshore: - - State: - - Area: - - Block/Tract #: - - Nearest County/Parish: - - On the Outer Continental Sheff (OCS) - Specify: - - Area: - - Block #: - 15. Area of Accident: - - If the right of Accident: - - Nearest County/Parish: - <		Glacial Lakes
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12. Did Accident occur in a crossing? No - If Yes, specify below:		96
• If Yes, specify below: • If Bridge crossing – Cased/ Uncased: • If Railroad crossing – Cased/ Uncased/ Bored/drilled • If Road crossing – Cased/ Uncased/ Bored/drilled • If Water crossing – Cased/ Uncased/ Bored/drilled • If Water crossing – Cased/ Uncased Cased/ Uncased • If Water crossing – Cased/ Uncased • State • Approx. water depth (ft) at the point of the Accident: • Approximate water depth (ft) at the point of the Accident: • If Offshore: 13. Approximate water s Specify: • In State waters - Specify: • In State waters - Specify: • Area: • Area: • Block/Tract #: • Nearest County/Parish: • On the Outer Continental Shelf (OCS) - Specify: • Area: • Block #: 15. Area of Accident: PART C - ADDITIONAL FACILITY INFORMATION 1. Is the pipeline or facility: Interstate 2. Part of system involved in Accident: Onshore Pump/Meter Station Equipment and Piping • If Onshore Breakout Tank or Sto		
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Cased/ Uncased: - If Railroad crossing – Cased/ Uncased/ Bored/drilled - If Road crossing – Cased/ Uncased/ Bored/drilled - If Water crossing – Cased/ Uncased/ Bored/drilled - If Water crossing – Cased/ Uncased - Name of body of water, if commonly known: - Name of body of water, if commonly known: - Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - In State waters - Specify: - Area: - Area: - Nearest County/Parish: - Nearest County/Parish: - Area: - Block #: 15. Area of Accident: PART C - ADDITIONAL FACILITY INFORMATION 1. Is the pipeline or facility: 1. Is the pipeline or facility: 2. Part of system involved in Accident: Appurtenances, specify: <td></td> <td></td>		
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- If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify:	2. Part of system involved in Accident:	Onshore Pump/Meter Station Equipment and Piping
Appurtenances, specify:	- If Onshore Breakout Tank or Storage Vessel. Including Attached	
		Valve
		Taito

determination for this Accident site in the Operator's	
Integrity Management Program?	
- High Population Area:	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	
- Other Populated Area	
Was this HCA identified in the "could affect" determination	
for this Accident site in the Operator's Integrity	
Management Program?	
 Unusually Sensitive Area (USA) - Drinking Water 	
Was this HCA identified in the "could affect" determination	
for this Accident site in the Operator's Integrity	
Management Program?	
- Unusually Sensitive Area (USA) - Ecological Was this HCA identified in the "could affect" determination	
for this Accident site in the Operator's Integrity	
Management Program?	
8. Estimated Property Damage:	
8a. Estimated cost of public and non-Operator private property	
damage	\$ 0
8b. Estimated cost of commodity lost	\$ 8
8c. Estimated cost of Operator's property damage & repairs	\$ 2,500
8d. Estimated cost of Operator's emergency response	\$ 155,000
8e. Estimated cost of Operator's environmental remediation	\$ 50,000
8f. Estimated other costs	\$ 0
Describe:	ψ ũ
8g. Total estimated property damage (sum of above)	\$ 207,508
	÷ 201,000
PART E - ADDITIONAL OPERATING INFORMATION	
A. Estimated assessment the societ and time of the Assident (asia)	500.00
 Estimated pressure at the point and time of the Accident (psig): Maximum Operating Pressure (MOP) at the point and time of the 	500.00
Accident (psig):	1,440.00
3. Describe the pressure on the system or facility relating to the	
Accident (psig):	Pressure did not exceed MOP
4. Not including pressure reductions required by PHMSA regulations	
(such as for repairs and pipe movement), was the system or facility	
relating to the Accident operating under an established pressure	No
restriction with pressure limits below those normally allowed by the	
MOP?	
- If Yes, Complete 4.a and 4.b below:	
 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure 	
 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 	
 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the 	
 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 	
 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore 	
 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 	No
 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? 	No
 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5e. below</i>) 	No
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 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5e. below</i>) 5a. Type of upstream valve used to initially isolate release source: 	No
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 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5e. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal 	No
 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5e. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? 	
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 If Yes, Complete 4.a and 4.b below: 4a. Did the pressure exceed this established pressure restriction? 4b. Was this pressure restriction mandated by PHMSA or the State? 5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2? If Yes - (<i>Complete 5a. – 5e. below</i>) 5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source: 5c. Length of segment isolated between valves (ft): 5d. Is the pipeline configured to accommodate internal inspection tools? If No, Which physical features limit tool accommodation? Changes in line pipe diameter Presence of unsuitable mainline valves Tight or mitered pipe bends Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) Other - If Other, Describe: Se. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? 	(select all that apply)

- Low operating pressure(s)	
- Low flow or absence of flow	
- Incompatible commodity	
- Other -	
- If Other, Describe:	
5f. Function of pipeline system:	> 20% SMYS Regulated Trunkline/Transmission
6. Was a Supervisory Control and Data Acquisition (SCADA)-based	No
system in place on the pipeline or facility involved in the Accident?	
If Yes -	1
6a. Was it operating at the time of the Accident?	
6b. Was it fully functional at the time of the Accident?	
6c. Did SCADA-based information (such as alarm(s),	
alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	
6d. Did SCADA-based information (such as alarm(s),	
alert(s), event(s), and/or volume calculations) assist with	
the confirmation of the Accident?	
7. Was a CPM leak detection system in place on the pipeline or facility	Na
involved in the Accident?	No
- If Yes:	·
7a. Was it operating at the time of the Accident?	
7b. Was it fully functional at the time of the Accident?	
7c. Did CPM leak detection system information (such as	
alarm(s), alert(s), event(s), and/or volume calculations) assist	
with the detection of the Accident?	
7d. Did CPM leak detection system information (such as	
alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	
8. How was the Accident initially identified for the Operator?	Local Operating Personnel, including contractors
- If Other, Specify:	
8a. If "Controller", "Local Operating Personnel", including	
contractors", "Air Patrol", or "Guard Patrol by Operator or its	Operator employee
contractor" is selected in Question 8, specify the following:	
9. Was an investigation initiated into whether or not the controller(s) or	No, the facility was not manitored by a controllar(a) at the
control room issues were the cause of or a contributing factor to the	No, the facility was not monitored by a controller(s) at the time of the Accident
Accident?	
 If No, the Operator did not find that an investigation of the 	
controller(s) actions or control room issues was necessary due to:	
(provide an explanation for why the operator did not investigate)	
If Yes, specify investigation result(s): (select all that apply) Investigation reviewed work schedule rotations,	
continuous hours of service (while working for the	
Operator), and other factors associated with fatigue	
 Investigation did NOT review work schedule rotations, 	
continuous hours of service (while working for the	
Operator), and other factors associated with fatigue	
Provide an explanation for why not:	
 Investigation identified no control room issues 	
 Investigation identified no controller issues 	
 Investigation identified incorrect controller action or 	
controller error	
- Investigation identified that fatigue may have affected the	
controller(s) involved or impacted the involved controller(s)	
response	
Investigation identified incorrect procedures Investigation identified incorrect control room equipment	
- Investigation identified incorrect control room equipment operation	
 operation Investigation identified maintenance activities that affected 	
control room operations, procedures, and/or controller	
response	
 Investigation identified areas other than those above: 	
Describe:	
PART F - DRUG & ALCOHOL TESTING INFORMATION	
1. As a result of this Accident, were any Operator employees tested	
under the post-accident drug and alcohol testing requirements of DOT's	No
under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
Drug & Alcohol Testing regulations?	No
Drug & Alcohol Testing regulations? - If Yes:	No
Drug & Alcohol Testing regulations?	No

	1
2. As a result of this Accident, were any Operator contractor employees	
tested under the post-accident drug and alcohol testing requirements of	No
DOT's Drug & Alcohol Testing regulations?	
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	
PART G – APPARENT CAUSE	
Output and a sector DADT O is also dad a share an left management	the the ADDADENT Office of the Assistant and ensure
Select only one box from PART G in shaded column on left represen	
the questions on the right. Describe secondary, contributing or root	causes of the Accident in the narrative (PART H).
Apparent Cause:	G6 - Equipment Failure
G1 - Corrosion Failure - only one sub-cause can be picked from shad	ded left-hand column
External Corrosion:	
Internal Corrosion:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: (select all that apply)	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other:	
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following	ng: (select all that apply)
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
4. Was the failed item buried under the ground?	
- If Yes :	
4a. Was failed item considered to be under cathodic	
protection at the time of the Accident?	
If Yes - Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at	
the point of the Accident?	
4c. Has one or more Cathodic Protection Survey been	
conducted at the point of the Accident?	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of	
the corrosion?	
- If Internal Corrosion:	
6. Results of visual examination:	
- Other:	
7. Type of corrosion (select all that apply): -	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other:	
- If Other, Describe:	
8. The cause(s) of corrosion selected in Question 7 is based on the follow	ing (select all that apply): -
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
9. Location of corrosion (select all that apply): -	
Laura a latin ala a	
- Low point in pipe	
- Low point in pipe - Elbow	

l(Others Describe	
- If Other, Describe:	
10. Was the commodity treated with corrosion inhibitors or biocides?	
11. Was the interior coated or lined with protective coating?	
12. Were cleaning/dewatering pigs (or other operations) routinely	
utilized?	
13. Were corrosion coupons routinely utilized?	
Complete the following if any Corrosion Failure sub-cause is selected AND	the "Item Involved in Accident" (from PART C,
Question 3) is Tank/Vessel.	
14. List the year of the most recent inspections:	
14a. API Std 653 Out-of-Service Inspection	
- No Out-of-Service Inspection completed	
14b. API Std 653 In-Service Inspection	
- No In-Service Inspection completed	
Complete the following if any Corrosion Failure sub-cause is selected AND Question 3) is Pipe or Weld.	the "Item Involved in Accident" (from PART C,
15. Has one or more internal inspection tool collected data at the point of the Accident?	
15a. If Yes, for each tool used, select type of internal inspection tool and	indicate most recent year run: -
 Magnetic Flux Leakage Tool 	
Most recent year:	
- Ultrasonic	
Most recent year:	
- Geometry	
Most recent year:	
- Caliper	
Most recent year:	
- Crack	
Most recent year:	
- Hard Spot	
Most recent year:	
- Combination Tool	
Most recent year:	
- Transverse Field/Triaxial	
Most recent year:	
- Other	
Most recent year:	
Describe:	
16. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
If Yes -	
Most recent year tested:	
Test pressure:	
17. Has one or more Direct Assessment been conducted on this segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident::	·
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
18. Has one or more non-destructive examination been conducted at the	
point of the Accident since January 1, 2002?	
18a. If Yes, for each examination conducted since January 1, 2002, select typ recent year the examination was conducted:	e or non-destructive examination and indicate most
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
G2 - Natural Force Damage - only one sub-cause can be picked from sha	aded left-handed column
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	
1. Specify:	
-1 ··· J	

- If Other, Describe:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Describe:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Describe:	
- If High Winds:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is sele	ected.
6. Were the natural forces causing the Accident generated in	
conjunction with an extreme weather event?	
6a. If Yes, specify: (select all that apply)	1
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Describe:	<u> </u>
G3 - Excavation Damage - only one sub-cause can be picked from s	haded left-hand column
Excavation Damage – Sub-Cause:	
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
- If Excavation Damage by Third Party:	
- If Previous Damage due to Excavation Activity:	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (from	PART C, Question 3) is Pipe or Weld.
1. Has one or more internal inspection tool collected data at the point of	
the Accident?	
 If Yes, for each tool used, select type of internal inspection tool a 	ind indicate most recent year run: -
- Magnetic Flux Leakage	
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted:	
- Geometry	
Most recent year conducted: - Caliper	
- Callper Most recent vear conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
2. Do you have reason to believe that the internal inspection was	
completed BEFORE the damage was sustained?	
3. Has one or more hydrotest or other pressure test been conducted since	
original construction at the point of the Accident?	
- If Yes:	1
Most recent year tested:	
Test pressure (psig):	
4. Has one or more Direct Assessment been conducted on the pipeline	1
segment?	ident:
- If Yes, and an investigative dig was conducted at the point of the Acc	ident:
 If Yes, and an investigative dig was conducted at the point of the Acc Most recent year conducted: 	ident:
- If Yes, and an investigative dig was conducted at the point of the Acc	ident:

5. Has one or more non-destructive examination been conducted at the	
point of the Accident since January 1, 2002?	
5a. If Yes, for each examination, conducted since January 1, 2002,	select type of non-destructive examination and indicate most
recent year the examination was conducted: - Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Complete the following if Excavation Damage by Third Party is select	ed as the sub-cause
 6. Did the operator get prior notification of the excavation activity? 6a. If Yes, Notification received from: (select all that apply) - 	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
Complete the following mandaton: COA DIDT Program questions if an	· Evenuetion Domono cub course is colored
Complete the following mandatory CGA-DIRT Program questions if an	y Excavation Damage sub-cause is selected.
7. Do you want PHMSA to upload the following information to CGA-	
DIRT (www.cga-dirt.com)?	
8. Right-of-Way where event occurred: (select all that apply) -	
- Public	
- If "Public", Specify:	
- If "Private", Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
9. Type of excavator: 10. Type of excavation equipment:	
11. Type of work performed:	
12. Was the One-Call Center notified?	
12a. If Yes, specify ticket number:	
12b. If this is a State where more than a single One-Call Center	
exists, list the name of the One-Call Center notified:	
13. Type of Locator:	
14. Were facility locate marks visible in the area of excavation?	
15. Were facilities marked correctly?	
16. Did the damage cause an interruption in service?	
16a. If Yes, specify duration of the interruption (hours) 17. Description of the CGA-DIRT Root Cause (select only the one predor	ningent first level CCA DIPT Past Course and then where
available as a choice, the one predominant second level CGA-DIRT Root	
Root Cause:	
- If One-Call Notification Practices Not Sufficient, specify:	
 If Locating Practices Not Sufficient, specify: 	
- If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above, explain:	
G4 - Other Outside Force Damage - only one sub-cause can be s	elected from the shaded left-hand column
Other Outside Force Damage – Sub-Cause:	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary	Cause of Incident:
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NO	I Engaged in Excavation:
1. Vehicle/Equipment operated by:	 nont or Voccolo Sot Adrift or Which Hous Otherwise Last
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipr Their Mooring:	ment of vessels set Adnit of which have Otherwise LOSt
mon moorning.	

2. Select one or more of the following IF an extreme weather event was a	factor
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Describe:	
- If Routine or Normal Fishing or Other Maritime Activity NOT Engage	ed in Excavation:
- If Electrical Arcing from Other Equipment or Facility:	
- If Previous Mechanical Damage NOT Related to Excavation:	
	m DADT C. Question 2) is Dine on World
Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (fro	m PART C, Question 3) is Pipe or Weld.
3. Has one or more internal inspection tool collected data at the point of the Accident?	
3a. If Yes, for each tool used, select type of internal inspection tool and ir - Magnetic Flux Leakage	dicate most recent year run:
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted: - Geometry	
Most recent year conducted:	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted: - Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
4. Do you have reason to believe that the internal inspection was	
completed BEFORE the damage was sustained?	
5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	r
Most recent year tested:	
Test pressure (psig): 6. Has one or more Direct Assessment been conducted on the pipeline	
segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted: 7. Has one or more non-destructive examination been conducted at the	
point of the Accident since January 1, 2002?	
7a. If Yes, for each examination conducted since January 1, 2002, s recent year the examination was conducted:	elect type of non-destructive examination and indicate most
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool Most recent year conducted:	
Most recent year conducted: - Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
- If Intentional Damage:	
8. Specify: - If Other, Describe:	
- If Other Outside Force Damage:	
9. Describe:	
	1

G5 - Material Failure of Pipe or Weld - only one sub-cause can be selected from the shaded left-hand column

Use this section to report material failures ONLY IF the "Item Involved "Weld."	d in Accident" (from PART C, Question 3) is "Pipe" or
Material Failure of Pipe or Weld – Sub-Cause:	
1. The sub-cause selected below is based on the following: (select all that	t apply)
- Field Examination	
- Determined by Metallurgical Analysis	
- Other Analysis	
 If "Other Analysis", Describe: Sub-cause is Tentative or Suspected; Still Under Investigation 	
(Supplemental Report required)	
- If Construction, Installation, or Fabrication-related:	
2. List contributing factors: (select all that apply)	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other - If Other, Describe:	
- If Other, Describe: - If Original Manufacturing-related (NOT girth weld or other welds for	med in the field):
2. List contributing factors: (select all that apply)	neu in the held).
- Fatigue or Vibration-related:	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Environmental Cracking-related:	
3. Specify: - Other - Describe:	
Complete the following if any Material Failure of Pipe or Weld sub-cau	se is selected.
4. Additional factors: (select all that apply): - Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment - Burnt Steel	
- Other:	
- If Other, Describe:	
5. Has one or more internal inspection tool collected data at the point of	
the Accident?	
5a. If Yes, for each tool used, select type of internal inspection tool a	nd indicate most recent year run:
- Magnetic Flux Leakage	
Most recent year run:	
- Ultrasonic Most recent year rup:	
Most recent year run: - Geometry	
Most recent year run:	
- Caliper	
Most recent year run:	
- Crack	
Most recent year run:	
- Hard Spot	
Most recent year run:	
- Combination Tool	
Most recent year run:	
- Transverse Field/Triaxial	
Most recent year run:	
- Other	
Most recent year run:	

Describe:	
6. Has one or more hydrotest or other pressure test been conducted since	
original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
7. Has one or more Direct Assessment been conducted on the pipeline	
segment?	
	dent
- If Yes, and an investigative dig was conducted at the point of the Acci	dent -
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site -	
Most recent year conducted:	
8. Has one or more non-destructive examination(s) been conducted at the	
point of the Accident since January 1, 2002?	
 8a. If Yes, for each examination conducted since January 1, 2002, set 	elect type of non-destructive examination and indicate most
recent year the examination was conducted: -	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Describe.	
G6 - Equipment Failure - only one sub-cause can be selected from t	he shaded left-hand column
Fruinment Feilung - Bub Courses	Threaded Connection/Coupling Failure
Equipment Failure – Sub-Cause:	Threaded Connection/Coupling Failure
- If Malfunction of Control/Relief Equipment:	
1. Specify: (select all that apply) -	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Block Valve - Check Valve	
- Block Valve - Check Valve - Relief Valve	
- Block Valve - Check Valve - Relief Valve - Power Failure	
- Block Valve - Check Valve - Relief Valve - Power Failure - Stopple/Control Fitting	
- Block Valve - Check Valve - Relief Valve - Power Failure	
- Block Valve - Check Valve - Relief Valve - Power Failure - Stopple/Control Fitting	
Block Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other	
Block Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other Other	
Block Valve Check Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other - If Other – Describe: If Pump or Pump-related Equipment:	
Block Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other – Describe: If Other – Describe: Specify:	
Block Valve Check Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other If Other – Describe: If Pump or Pump-related Equipment: 2. Specify: If Other – Describe:	
Block Valve Check Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other If Other – Describe: If Pump or Pump-related Equipment: Specify: If Other – Describe: If Other – Describe: If Threaded Connection/Coupling Failure:	
Block Valve Check Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other - If Other If Other – Describe: If Pump or Pump-related Equipment: Specify: - If Other – Describe:	Threaded Fitting
Block Valve Check Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other – Describe: Other Other If Other – Describe: Other Ot	Threaded Fitting
- Block Valve - Check Valve - Relief Valve - Relief Valve - Power Failure - Stopple/Control Fitting - ESD System Failure - Other - If Other – Describe:	Threaded Fitting
Block Valve Check Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other – Describe: If Pump or Pump-related Equipment: Specify: If Other – Describe: If Threaded Connection/Coupling Failure: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe:	Threaded Fitting
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Block Valve Check Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other – Describe: If Pump or Pump-related Equipment: Specify: If Other – Describe: If Threaded Connection/Coupling Failure: Specify: If Other – Describe: If Non-threaded Connection Failure: If Non-threaded Connection Failure: If Other – Describe: If Other – Describe:	aterial:
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 Block Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other – Describe: If Pump or Pump-related Equipment: 2. Specify: If Other – Describe: If Threaded Connection/Coupling Failure: Specify: If Other – Describe: If Non-threaded Connection Failure: Specify: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: Specify: If Other – Describe: If Other Equipment Body (except Pump), Tank Plate, or other M If Other Equipment Failure: Describe: Complete the following if any Equipment Failure sub-cause is selected of. Additional factors that contributed to the equipment failure: (select all the select all the select	aterial:
Block Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other – Describe: If Pump or Pump-related Equipment: Specify: If Other – Describe: If Threaded Connection/Coupling Failure: Specify: If Other – Describe: If Non-threaded Connection Failure: If Other – Describe: If Other – Describe: If Defective or Loose Tubing or Fitting: If Other Equipment Body (except Pump), Tank Plate, or other M If Other Equipment Failure: Specify: If Other Equipment Failure: Specifie: Complete the following if any Equipment Failure sub-cause is selected Additional factors that contributed to the equipment failure: (select all the - Excessive vibration	aterial:
Block Valve Check Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other – Describe: If Pump or Pump-related Equipment: Specify: If Other – Describe: If Threaded Connection/Coupling Failure: Specify: If Other – Describe: If Non-threaded Connection Failure: If Non-threaded Connection Failure: If Other – Describe: If Defective or Loose Tubing or Fitting: If Failure of Equipment Body (except Pump), Tank Plate, or other M If Other Equipment Failure: S. Describe: Complete the following if any Equipment Failure sub-cause is selected Additional factors that contributed to the equipment failure:	aterial:
Block Valve Check Valve Relief Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other – Describe: If Pump or Pump-related Equipment: Specify: If Other – Describe: If Threaded Connection/Coupling Failure: Specify: If Other – Describe: If Non-threaded Connection Failure: If Other – Describe: If Other Equipment Body (except Pump), Tank Plate, or other M If Other Equipment Failure: S. Describe: Complete the following if any Equipment Failure sub-cause is selected Additional factors that contributed to the equipment failure: (select all the - Excessive vibration	aterial:
 Block Valve Check Valve Relief Valve Power Failure Stopple/Control Fitting ESD System Failure Other If Other – Describe: If Pump or Pump-related Equipment: Specify: If Other – Describe: If Threaded Connection/Coupling Failure: Specify: If Other – Describe: If Non-threaded Connection Failure: Specify: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other – Describe: If Other Equipment Body (except Pump), Tank Plate, or other M If Other Equipment Failure: Describe: Complete the following if any Equipment Failure sub-cause is selected of Additional factors that contributed to the equipment failure: (select all the excessive vibration Overpressurization 	aterial:

- Loss of electricity	
- Improper installation	Yes
- Mismatched items (different manufacturer for tubing and tubing	
fittings)	
- Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with	
transported commodity	
- Valve vault or valve can contributed to the release	
- Alarm/status failure	
- Misalignment	Yes
- Thermal stress	
- Other	
- If Other, Describe:	
G7 - Incorrect Operation - only one sub-cause can be selected from	n the shaded left-hand column
Incorrect Operation – Sub-Cause:	
Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	
Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or	
Overflow	
1. Specify:	
- If Other, Describe:	
Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure	
Pipeline or Equipment Overpressured	
Equipment Not Installed Properly	
Wrong Equipment Specified or Installed	
Other Incorrect Operation	
2. Describe:	
Complete the following if any Incorrect Operation sub-cause is select	ted.
3. Was this Accident related to (select all that apply): -	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other:	
- If Other, Describe: 4. What category type was the activity that caused the Accident?	-
 5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program? 	
5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	
G8 - Other Accident Cause - only one sub-cause can be selected f	rom the shaded left-hand column
Other Accident Cause – Sub-Cause:	
- If Miscellaneous:	
1. Describe:	
- If Unknown:	
2. Specify:	
PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT	
TransCanada Keystone regional operations staff discovered signs of crude oil within the vicinity of the station by-pass, station discharge and station suction valves located at the Carpenter pump station. The facility was isolated and the station valves were excavated. The excavation revealed that a threaded	

11/2 ¿ union on the body bleed piping assembly on the pump station suction valve was leaking. The body bleed assembly piping was removed and the port plugged. The repair plan for the body bleed assembly piping is addressed in the Keystone Valve Body Repair Plan which is attached.

File Full Name

PART I - PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name	Daniel Cerkoney
Preparer's Title	Regulatory Compliance Specialist
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Preparer's E-mail Address	dan_cerkoney@transcanada.com
Preparer's Facsimile Number	7014831431
Authorized Signature's Name	Daniel Cerkoney
Authorized Signature Title	Regulatory Compiance Specialist
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Date	04/03/2013