NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in exceed \$100,000 for each violation for each day that such violation persists except penalty shall not exceed \$1,000,000 as provided in 49 USC 60122.		OMB NO: 2137-0047 EXPIRATION DATE: 01/3	1/2014
	Original Report Date:	09/16/201	0
U.S Department of Transportation	No.	20100200 - 1	7789
Pipeline and Hazardous Materials Safety Administration			
		(DOT Use On	ly)
A federal agency may not conduct or sponsor, and a person is not required to resp with a collection of information subject to the requirements of the Paperwork Reduc OMB Control Number. The OMB Control Number for this information collection is 2 to be approximately 10 hours per response (5 hours for a small release), including	STEMS ond to, nor shall a person to titon Act unless that collect 2137-0047. Public reportin the time for reviewing instr	be subject to a penalty for failu ion of information displays a o g for this collection of informa uctions, gathering the data ne	current valid tion is estimat eded, and
completing and reviewing the collection of information. All responses to this collect burden estimate or any other aspect of this collection of information, including sugg Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE,	jestions for reducing this bu		
INSTRUCTIONS			
Important: Please read the separate instructions for completing this form before y examples. If you do not have a copy of the instructions, you can obtain one from th http://www.phmsa.dot.gov/pipeline .			ovide specific
	Original:	Supplemental:	Final:
Report Type: (select all that apply)		Yes	Yes
Last Revision Date:	04/03/2013		
Operator's OPS-issued Operator Identification Number (OPID):	32334		
2. Name of Operator 3. Address of Operator:	TC OIL PIPELINE C	DPERATIONS INC	
3a. Street Address	717 TEXAS AVE		
3b. City	HOUSTON		
3c. State	Texas		
3d. Zip Code	77002		
4. Local time (24-hr clock) and date of the Accident:	08/19/2010 08:30		
5. Location of Accident:	00/10/2010 00.00		
Latitude:	42.63521		
Longitude:	-97.3371		
 National Response Center Report Number (if applicable): 	951480		
 Actional Response Center Report Values (in applicable). Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): 	08/19/2010 12:30		
8. 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): 	3		
9. Estimated volume of commodity released unintentionally (Barrels):	.24		
10. Estimated volume of intentional and/or controlled release/blowdown			
(Barrels):			
11. Estimated volume of commodity recovered (Barrels):	.24		
12. Were there fatalities?	No		
- If Yes, specify the number in each category:			
12a. Operator employees 12b. Contractor employees working for the Operator			
12b. Contractor employees working for the Operator 12c. Non-Operator emergency responders			
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

13d. Workers working on the right-of-way, but NOT	
associated with this Operator	
13e. General public	
13f. Total injuries (sum of above)	
14. Was the pipeline/facility shut down due to the Accident?	No
- If No, Explain:	Pump station off line during release.
- If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock)	
14a. Local time and date of shutdown:	
14b. Local time pipeline/facility restarted:	
- Still shut down? (* Supplemental Report Required)	
	N1-
15. Did the commodity ignite?	No
16. Did the commodity explode?	No
17. Number of general public evacuated:	0
18. Time sequence (use local time, 24-hour clock):	
18a. Local time Operator identified Accident:	08/19/2010 08:30
18b. Local time Operator resources arrived on site:	08/19/2010 08:30
PART B - ADDITIONAL LOCATION INFORMATION	
1. Was the origin of Accident onshore?	Yes
If Yes, Complete Ques	
If No, Complete Questi	ons (13-15)
- If Onshore:	
2. State:	Nebraska
3. Zip Code:	68739
4. City	Hartington
	Cedar
5. County or Parish	
6. Operator-designated location:	Milepost/Valve Station
Specify:	454.9
7. Pipeline/Facility name:	Hartington 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):	Aboveground
Specify:	Typical aboveground facility piping or appurtenance
- If Other, Describe:	
Depth-of-Cover (in):	
12. Did Accident occur in a crossing?	No
- 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	
- 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:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Area: - Area: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Area: - Area: - Area: - On the Outer Continental Shelf (OCS) - Specify: - Area: On the Outer Continental Shelf (OCS) - Specify: Area: Area: Area: Area:	
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- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Area: - Area: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Area: - Area: - Area: - Area: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Area:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #: 15. Area of Accident: PART C - ADDITIONAL FACILITY INFORMATION	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - 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
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - Area: - Block/Tract #: - Nearest County/Parish: - On the Outer Continental Shelf (OCS) - Specify: - Area: - Block #: 15. Area of Accident: - ADDITIONAL FACILITY INFORMATION 1. Is the pipeline or facility: 2. Part of system involved in Accident:	Interstate Onshore Pump/Meter Station Equipment and Piping
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - 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:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - 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: 2. Part of system involved in Accident:	
- Name of body of water, if commonly known: - Approx. water depth (ft) at the point of the Accident: - Select: - If Offshore: 13. Approximate water depth (ft) at the point of the Accident: 14. Origin of Accident: - In State waters - Specify: - State: - 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: 2. Part of system involved in Accident: - If Onshore Breakout Tank or Storage Vessel, Including Attached	

- If Pipe, specify:	
3a. Nominal diameter of pipe (in):	
3b. Wall thickness (in):	
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	
3d. Pipe specification:	
3e. Pipe Seam, specify:	
- If Other, Describe:	
3f. Pipe manufacturer:	
3g. Year of manufacture:	
3h. Pipeline coating type at point of Accident, specify:	
- If Other. Describe:	
- If Weld, including heat-affected zone, specify:	
- If Other, Describe:	
- If Valve, specify:	
- If Mainline, specify:	
- If Other, Describe:	
3i. Manufactured by:	
3j. Year of manufacture:	
- If Tank/Vessel, specify:	
- If Other - Describe:	
- If Other, describe:	
4. Year item involved in Accident was installed:	2009
5. Material involved in Accident:	Carbon Steel
- If Material other than Carbon Steel, specify:	
6. Type of Accident Involved:	Leak
 If Mechanical Puncture – Specify Approx. size: 	1
in. (axial) by	
in. (circumferential)	
- If Leak - Select Type:	Seal or Packing
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
- If Other, Describe: Approx. size: in. (widest opening) by	
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe:	
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION	
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact:	No
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic	
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply:	
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic	
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial	No
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination:	No Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned:	No Yes No
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation:	No Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply:	No Yes No
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water	No Yes No
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater	No Yes No Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil	No Yes No
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Vegetation - Vegetation - Vegetation - Surface water - Soil - Vegetation - Vegetation - Surface water - Soil - Vegetation - Vegetation - Surface water - Soil - Vegetation - Vegetation - Surface water - Soil - Vegetation - Vegetat	No Yes No Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil	No Yes No Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Vegetation - Vegetation - Vegetation - Surface water - Soil - Vegetation - Vegetation - Surface water - Soil - Vegetation - Vegetation - Surface water - Soil - Vegetation - Vegetation - Surface water - Soil - Vegetation - Vegetat	No Yes No Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination:	No Yes No Yes Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Sa. If Yes, specify all that apply:	No Yes No Yes Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Ocean/Seawater - Ocean/Seawater - Ocean/Seawater - Soil	No Yes No Yes Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface	No Yes No Yes Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater	No Yes No Yes Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Ocean/Seawater - Surface - Groundwater - Drinking water: (Select one or both)	No Yes No Yes Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Orean/Seawater - Drinking water: (Select one or both) - Private Well - Private Well	No Yes No Yes Yes
If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Private Well - Private Well - Public Water Intake	No Yes No Yes Yes
If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Private Well - Private Well - Public Water Intake	No Yes No Yes Yes
If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Private Well - Private Well - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels):	No Yes No Yes Yes
If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4. Anticipated remediation: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: - Surface - Ocean/Seawater - Surface - Groundwater - Surface - Surface - Private Well - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known:	No Yes No Yes Yes
If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: Sa. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Surface - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility	No Yes No Yes Ves Yes No Yes No No
If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area	No Yes No Yes Yes
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Vegetation - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Cocan/Seawater - Surface - Ocean/Seawater - Dinking water: (Select one or both) - Private Well - Drinking water: (Select one or both) - Private Well - Dinking water; (Select one or both) - Private Well - Drinking water; (Select one or both) - Private Well - Dinking water; (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?	No Yes No Yes No Yes No Yes No No No
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Private Well - Private Well - Drinking water: (Select one or both) - Private Well - Drinking water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High	No Yes No Yes No Yes No Yes No No No
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Surface - Private Well - Drinking water: (Select one or both) - Private Well - Drinking water: (Select one or both) - Private Well - Drinking water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	No Yes No Yes No Yes Yes No Yes No No No No Yes No No
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Suiface water - Groundwater - Soil - Vegetation - Vegetation - Vegetation - Vegetation - Suiface - Crean/Seawater - Surface - Groundwater - Surface - Ceran/Seawater - Surface - Drinking water: (Select one or both) - Private Well - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? - Taiset all that apply: - Distribute all that apply: - Distribute all the all apply: - Distribute all the all apply: - Distribute all the pipeline segment or facility be not the location of this Accident, had the pipeline segment or facility be not the released commodity reach or occur in one or more High Consequence Area (HCA)? - Taiset all that apply: - Taiset the all that apply: - Distribute all that apply:	No Yes No Yes No Yes Yes No Yes No No No No Yes No No
- If Other, Describe: Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Surface - Private Well - Drinking water: (Select one or both) - Private Well - Drinking water: (Select one or both) - Private Well - Drinking water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	No Yes No Yes No Yes Yes No Yes No No No No Yes No

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	\$ 18
8c. Estimated cost of Operator's property damage & repairs	\$ 0
8d. Estimated cost of Operator's emergency response	\$ 5,000
8e. Estimated cost of Operator's environmental remediation	\$ 28,000
8f. Estimated other costs	\$ 0
Describe:	
8g. Total estimated property damage (sum of above)	\$ 33,018
PART E - ADDITIONAL OPERATING INFORMATION	
4. Estimated process at the point and time of the Appident (poin).	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:	
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
2?	No
- If Yes - (Complete 5a. – 5e. below)	
5a. Type of upstream valve used to initially isolate release	
5a. Type of upstream valve used to initially isolate release source:	
5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release	
5a. Type of upstream valve used to initially isolate release source: 5b. Type of downstream valve used to initially isolate release source:	
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):	
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	
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?	(select all that apply)
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	(select all that apply)
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?	(select all that apply)
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	(select all that apply)
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,	(select all that apply)
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.)	(select all that apply)
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	(select all that apply)
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? - 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)	(select all that apply)
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? - 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 -	(select all that apply)
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 -	(select all that apply)
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:	(select all that apply)
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: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool	(select all that apply)
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: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?	
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: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool	

- Low operating pressure(s)	
- 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	
system in place on the pipeline or facility involved in the Accident?	Yes
If Yes -	
6a. Was it operating at the time of the Accident?	Yes
6b. Was it fully functional at the time of the Accident?	Yes
6c. Did SCADA-based information (such as alarm(s),	
alert(s), event(s), and/or volume calculations) assist with	No
the detection of the Accident?	
6d. Did SCADA-based information (such as alarm(s),	
alert(s), event(s), and/or volume calculations) assist with	No
the confirmation of the Accident?	
7. Was a CPM leak detection system in place on the pipeline or facility	Yes
involved in the Accident?	
- If Yes:	Vee
7a. Was it operating at the time of the Accident?	Yes
7b. Was it fully functional at the time of the Accident? 7c. Did CPM leak detection system information (such as	Yes
alarm(s), alert(s), event(s), and/or volume calculations) assist	No
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	No
with the confirmation of the Accident?	
8. How was the Accident initially identified for the Operator?	Local Operating Personnel, including contractors
- If Other, Specify:	gg
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 Operator did not find that an investigation of the
control room issues were the cause of or a contributing factor to the	controller(s) actions or control room issues was necessary
Accident?	due to: (provide an explanation for why the Operator did not
	investigate)
- If No, the Operator did not find that an investigation of the	The pump station was off line at the time of the release and
controller(s) actions or control room issues was necessary due to:	the CPM leak detection system was inactive. The Oil conrol
(provide an explanation for why the operator did not investigate)	center controllers did not have ermote control of the pump
If Vac anasity invastigation requilt(a), (astact all that such)	and did not contribute to the release.
 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 	
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
Drug & Alcohol Testing regulations?	
- If Yes:	
1a. Specify how many were tested:	
	1

1b. Specify how many failed:	
 Specify now many failed. As a result of this Accident, were any Operator contractor employees 	
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:	1
2a. Specify how many were tested:	
2b. Specify how many failed:	
PART G – APPARENT CAUSE	
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 share	ded left-hand column
External Corrosion:	
Internal Corrosion:	
If External Corrosion: Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: (select all that apply)	1
- 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 followin	are (applicat all that apply)
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
4. Was the failed item buried under the ground?	
- If Yes :	r
□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	
- Corrosive Commonity - 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	ving (select all that apply): -
- Field examination	
Determined by metallurgical analysis	
- Other: - If Other, Describe:	
9. Location of corrosion (select all that apply): -	
- Low point in pipe	
- Elbow	

If Other, Describe: If Other, Describe: If Other, Describe: If Wes the interior coated or lined with protective coating? If Wes the interior coated or lined with protective coating? If Wes the interior coated or lined with protective coating? If Wes the interior coated or lined with protective coating? If Wes to corrosion coupons routinely utilized? Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Coateston 3) is TrankVessel. If List the year of the most recent inspection completed - No Out-of-Service Inspection completed - No In-Service Inspection completed - Ultrasenic - Ultrasenic - Ultrasenic - Ultrasenic - Other Most recent year: - Catak - Catak Most recent year: - Catak - Catak - Catak - Catak - Transverse Field/Traxial Most recent year: - Catak - Ultrasenic - Ultrasenic - Ultrasenic - Catak - Catak - Transverse Field/Traxial Most recent year: - Catak - Catak - Catak - Magnetic Flux all Most recent year: - Catak - Catak - Catak - Most recent year: - Transverse Field/Traxial Most recent year: - Catak - Transverse Field/Traxial Most recent year: - Catak - Transverse Field/Traxial Most recent year: - Catak - Catak - Most recent year: - Catak	- Other:	
10. Was the intervior coater of index with corresion inhibitors or biocides? 11. Was the intervior coater of index with protective coating? 12. Were cleaning/dewatering pigs (or other operations) routinely uilized? 13. Were corresion coupons routinely utilized? Complete the following if any Corresion Failure sub-cause is selected AND the "tem Involved in Accident" (from PART C, Question 3) is Tank/Vessel. 14. List the year of the most recent inspections 14. A. API Sid 653 Out-of-Service Inspection completed 14b. API Sid 653 Out-of-Service Inspection completed 14b. API Sid 653 Out-of-Service Inspection completed 15. Has one or more internal inspection tool collected data at the point of the Accident? 15. Has one or more internal inspection tool and indicate most recent year run: Magnetic Flux Leakage Tool . Out-of-Service Inspection . Most recent year . Geometry . Out-of-Service Inspection . Most recent year . Cack . Complete the following if any Corresion Failure sub-cause is selected ADD the "tem Involved in Accident" (from PART C, Coustion 3) is Tank/Vessel . Out-of-Service Inspection completed . Complete the following if any Corresion Failure sub-cause is selected ADD . The Service Inspection completed . Out-of-Service Inspection Control and Indicate most recent year run: Magnetic Flux Leakage Tool . Ultrasonic . Out-of-Service Inspection . Out-of-Service Inspection . Out-of-Service Inspection . Cack . Out-of-Service Inspection . Cack . Out-of-Service Inspection . Cack . Out-of-Service Inspection . Out-of-Service Inspection . Cack . Out-of-Service . Cack . Out-of-Service . Cack . Out-of-S		
11. Was the interior coated or lined with protective coating? 12. Were cleaning/dewatering pigs for other operations) routinely utilized? Complete the following if any Corrosion Failure sub-cause is selected AND the "tem Involved in Accident" (from PART C, Cuestion 3) is TankVesset. 14. List by year of the most recent inspection completed 14. List by site 53 bit-54 rovice inspection 14. List by 55 30 tot-55 rovice inspection 14. De API 54 55 30 tot-56 rovice inspection 14. De API 54 55 30 tot-56 rovice inspection 15. Has one or more internal inspection tool collected data at the point of the Accident? 15. Has one or more internal inspection tool collected data at the point of the 15. Has one or more internal inspection tool collected vata at the point of the 15. Has one or more internal inspection tool collected vata at the point of the 15. Has one or more internal inspection tool collected vata at the point of the 15. Has one or more internal inspection tool collected vata at the point of the 15. Has one or more internal inspection tool collected vata at the point of the 15. Has one or more internal inspection tool collected vata at the point of the 15. Hard Spot 15. Hard Spot 16. Caliper 16. Caliper 17. Hard Spot 16. Hard Spot 17. Hard Spot 17. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident? 17. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident? 17. Has one or more nord-destructive examination been conducted since 17. Has one or more nord-destructive examination been conducted at the 18. Has one or more nord-destructive examination been conducted at the 19. Hard Spot 19. Has one or more nord-destructive examination and indicate most 19. Has one or more nord-destructive examination and indicate most 19. Has one or more nord-destructive examination conducted at the 19. Has one or more nord-destructive examination been conducted: 19		
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Dry Magnetic Particle Test Most recent year conducted: Other Most recent year conducted:		
Most recent year conducted: Other Most recent year conducted:	- Dry Magnetic Particle Test	
- Other Most recent year conducted:		
	Most recent year conducted:	
G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed column	G2 - Natural Force Damage - only one sub-cause can be picked from sh	aded left-handed column
Natural Force Damage – Sub-Cause:	Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	- If Earth Movement, NOT due to Heavy Rains/Floods:	

1. Specify:	
- 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	cted.
6. Were the natural forces causing the Accident generated in	
conjunction with an extreme weather event?	
6a. If Yes, specify: (select all that apply)	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Describe:	
G3 - Excavation Damage - only one sub-cause can be picked from si	haded left-hand column
	F
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.
	PART C, Question 3) is Pipe or Weld.
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (from 1. Has one or more internal inspection tool collected data at the point of the Accident?	PART C, Question 3) is Pipe or Weld.
1. Has one or more internal inspection tool collected data at the point of	
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1. Has one or more internal inspection tool collected data at the point of the Accident? 1a. If Yes, for each tool used, select type of internal inspection tool a Magnetic Flux Leakage Most recent year conducted: Ultrasonic Most recent year conducted: Geometry Most recent year conducted: Caliper Most recent year conducted: Caliper Most recent year conducted: Crack Most recent year conducted: Combination Tool Most recent year conducted: Other 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?	
1. Has one or more internal inspection tool collected data at the point of the Accident? 1a. If Yes, for each tool used, select type of internal inspection tool a Magnetic Flux Leakage Most recent year conducted: Ultrasonic Most recent year conducted: Geometry Most recent year conducted: Caliper Most recent year conducted: Caliper Most recent year conducted: Crack Most recent year conducted: Combination Tool Most recent year conducted: Other Other Most recent year conducted: Other Most recent year conducted: Other Most recent year conducted since original construction at the point of the Accident? If Yes:	
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1. Has one or more internal inspection tool collected data at the point of the Accident? 1a. If Yes, for each tool used, select type of internal inspection tool a Magnetic Flux Leakage Most recent year conducted: Ultrasonic Most recent year conducted: Geometry Most recent year conducted: Caliper Most recent year conducted: Caliper Most recent year conducted: Crack Most recent year conducted: Combination Tool Most recent year conducted: Other Other Most recent year conducted: Other Most recent year conducted: Other Most recent year conducted since original construction at the point of the Accident? If Yes:	
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1. Has one or more internal inspection tool collected data at the point of the Accident? 1a. If Yes, for each tool used, select type of internal inspection tool a Magnetic Flux Leakage Most recent year conducted: Ultrasonic Most recent year conducted: Geometry Most recent year conducted: Caliper Most recent year conducted: Caliper Most recent year conducted: Caliper Most recent year conducted: Crack Most recent year conducted: Combination Tool Most recent year conducted: Other Most recent year conducted ince original construction at the point of the Accident? If Yes: Most recent year tested: Test pressure (psig): 4. 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 of the Accident at the point of the Accident? Other Most recent year tested: Test pressure (psig):	nd indicate most recent year run: -
1. Has one or more internal inspection tool collected data at the point of the Accident? 1a. If Yes, for each tool used, select type of internal inspection tool a - Magnetic Flux Leakage Most recent year conducted: - Ultrasonic Most recent year conducted: - Geometry Most recent year conducted: - Caliper Most recent year conducted: - Caliper Most recent year conducted: - Crack Most recent year conducted: - Combination Tool Most recent year conducted: - Transverse Field/Triaxial Most recent year conducted: - Other Most recent year test been conducted since original construction at the point of the Accident? - If Yes: Most recent year tested: Test pressure (psig): 4. Has one or more Direct Assessment been conducted on the pipeline segment?	nd indicate most recent year run: -

Most recent year conducted:		
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, a	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 selected	d 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 mendetery CCA DIDT Program questions if an	· Everytion Domono sub equatio calestad	
Complete the following mandatory CGA-DIRT Program questions if any	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:		
- II Public , Specity.		
- 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 predon	ninant first level CGA-DIRT Root Cause 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 see	elected from the shaded left-hand column	
Other Outside Force Damage – Sub-Cause:		
	Cause of Incident:	
- 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	F Engaged in Excavation:	
1. Vehicle/Equipment operated by:		

Their Mooring	
Their Mooring: 2. Select one or more of the following IF an extreme weather event was a	a factor:
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Describe:	
- If Routine or Normal Fishing or Other Maritime Activity NOT Engag	ed in Excavation:
- If Electrical Arcing from Other Equipment or Facility:	
If Developer Machanitas I Develope NOT Deleted to Free configure	
- If Previous Mechanical Damage NOT Related to Excavation:	
Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (fro	om 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 in	ndicate most recent year run:
- Magnetic Flux Leakage	
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:	
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:	
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:	I
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	elect type of non-destructive examination and indicate most
recent year the examination was conducted:	
- Radiography	
Most recent year conducted: - Guided Wave Ultrasonic	
- 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:	
- If Intentional Damage:	1
8. Specify: - If Other, Describe:	
- If Other Outside Force Damage:	
. e e atorae i eree Banage.	

9. Describe:		
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 in Accident" (from PART C, Question 3) is "Pipe" or "Weld."		
Material Failure of Pipe or Weld – Sub-Cause:		
1. The sub-cause selected below is based on the following: (select all that	at apply)	
- Field Examination		
Determined by Metallurgical Analysis Other 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 Original Manufacturing-related (NOT girth weld or other welds for	med in the field):	
2. List contributing factors: (select all that apply)		
- 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		
- Laminauon - 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		
- Oltrasonic 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		
- 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?	
- 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, si	alost time of non-destructive eventing 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:	
C6 Equipment Foilure, only one out cours can be called at from t	he cheded left hand column
G6 – Equipment Failure - only one sub-cause can be selected from t	
Equipment Failure – Sub-Cause:	Malfunction of Control/Relief Equipment
- If Malfunction of Control/Relief Equipment:	
1. Specify: (select all that apply) -	
- Control Valve	
- Instrumentation	
- SCADA - Communications	
- Block Valve	
- Check Valve	Yes
- 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:	
3. Specify:	
- If Other – Describe:	
- If Non-threaded Connection Failure:	
4. Specify:	
- If Other – Describe:	
- If Defective or Loose Tubing or Fitting:	
- If Failure of Equipment Body (except Pump), Tank Plate, or other M	aterial:
- If Other Equipment Failure:	
5. Describe:	
Complete the following if any Equipment Failure sub-cause is selected	
6. Additional factors that contributed to the equipment failure: (select all the	nat apply)
- Excessive vibration	
- Overpressurization	

- Manufacturing defect		
- Loss of electricity		
- Improper installation		
- 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		
- Thermal stress		
- Other	Yes	
- If Other, Describe:	Debris in the check valve	
G7 - Incorrect Operation - only one sub-cause can be selected from 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		
Overnow		
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		
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 selected.		
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 from	om 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		
The 1/2" check value stuck open on the pressure transmitter on the suction side of the nump resulting in a release of crude oil through the Ralston test port		

The 1/2" check valve stuck open on the pressure transmitter on the suction side of the pump resulting in a release of crude oil through the Ralston test port. The threaded dust cap on the check valve was not installed at the time of release. Site remediation completed.

File	Full	Name

PART I - PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name	Daniel Cerkoney
Preparer's Title	Regulatory Compliance Specialist
Preparer's Telephone Number	7012901176
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
Authorized Signature Telephone Number	7014831434
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Date	04/03/2013