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December 16, 2019

VIA ELECTRONIC FILING

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
Commonwealth Keystone Building
400 North Street, Filing Room
Harrisburg, PA 17120


Re: Meghan Flynn, et al., Docket Nos. C-2018-3006116 & P-2018-3006117 (consolidated)
Melissa DiBernardino, Docket No. C-2018-3005025 (consolidated)
Rebecca Britton, Docket No. C-2019-3006898 (consolidated)
Laura Obenski, Docket No. C-2019-3006905 (consolidated)
Andover Homeowner's Association, Inc.; Docket No. C-2018-3003605 (consolidated)
v.
Sunoco Pipeline L.P.

**SUNOCO PIPELINE L.P.'S ANSWER TO FLYNN COMPLAINANTS' MOTION
TO COMPEL ANSWER TO INTERROGATORIES (SET 2) AND AMENDED
MOTION TO COMPEL ANSWER TO REQUESTS FOR PRODUCTION OF
DOCUMENTS (SET 2)**

Dear Secretary Chiavetta:

Attached for electronic filing with the Commission is Sunoco Pipeline L.P.'s Answer to Motion To Compel Answer To Interrogatories (Set 2) And Motion To Compel Answer To Requests For Production Of Documents (Set 2) in the above-referenced proceeding. Because this document does not contain new averments of fact, it does not require a verification.

If you have any questions regarding this filing, please contact the undersigned.

Very truly yours,

Thomas J. Sniscak
Kevin J. McKeon
Whitney E. Snyder
Counsel for Sunoco Pipeline L.P.

WES/das
Enclosure

cc: Honorable Elizabeth Barnes (by email and first class mail)
Per Certificate of Service

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

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| MEGHAN FLYNN et al. | : | Docket Nos. C-2018-3006116 (consolidated) |
| | : | P-2018-3006117 |
| MELISSA DIBERNARDINO | : | Docket No. C-2018-3005025 (consolidated) |
| REBECCA BRITTON | : | Docket No. C-2019-3006898 (consolidated) |
| LAURA OBENSKI | : | Docket No. C-2019-3006905 (consolidated) |
| ANDOVER HOMEOWNER'S ASSOCIATION, INC. | : | Docket No. C-2018-3003605 (consolidated) |
| | : | |
| | : | |
| v. | : | |
| | : | |
| SUNOCO PIPELINE L.P. | : | |

**SUNOCO PIPELINE L.P.'S ANSWER OPPOSING COMPLAINANTS' MOTION TO
COMPEL RESPONSES TO COMPLAINANT INTERROGATORIES SET 2 AND
COMPLAINANT REQUEST FOR PRODUCTION OF DOCUMENTS SET 2**

Pursuant to 52 Pa. Code § 5.342(g)(1), Sunoco Pipeline L.P. (SPLP) submits this Answer Opposing Flynn Complainants' December 9, 2019 Motion to Compel Responses to Complainant Interrogatories Set 2 and Complainant Request for Production of Documents Set 2 (Motion). Complainants failed to include page numbers on their Motion, so SPLP has included as **Attachment A** a copy of the Motion with pages numbers to which SPLP will refer in its arguments below.

I. OBJECTIONS TO DEFINITION AND INSTRUCTIONS

SPLP's objections to the Set 2 definitions and instructions are not "frivolous." Motion at 12. Regardless, SPLP agrees with Flynn Complainants' assertion at page 12 of the Motion that objections to instructions and definitions should be addressed on a request by request basis as SPLP has done, not in the abstract.

A. Complainant Set 2, NOS. 1-7

Flynn Complainants Set 2, Nos. 1-7 state:

1. Identify all records in your possession, custody or control that relate in part or in whole to the Subsidence Events as defined above in Definition P.
2. Identify the specific location of each such Subsidence Event listed in response to No. 1 above.
3. Identify when and how Sunoco first learned of each Subsidence Event identified in the answer to No. 1 above.
4. Identify who, if anyone, Sunoco notified about each Subsidence Event identified in the answer to No. 1 above.
5. With respect to your answer to No. 1 above, state when such notice of a Subsidence Event was given.
6. Identify what testing or studies were done to determine the cause(s) of each of the Subsidence Events identified in your answer to No. 1 above.
7. Identify any mitigating action taken in relation to the Subsidence Events identified in your answer to No. 1 above.

SPLP raised various objections to these requests, including that they are overbroad, seek irrelevant information, and would place an undue burden on SPLP to response. See Motion at 13-14. Pursuant to 52 Pa. Code § 5.321(c), a party may obtain discovery of any matter not privileged that is relevant to a pending proceeding and that is reasonably calculated to lead to the discovery of admissible evidence. *Id.* The requests in Flynn Complainants Set 2, Nos. 1-7, is not reasonably tailored to lead to the discovery of relevant evidence and is unduly burdensome and overbroad because it requests “all records” which is likewise defined overbroadly. It is also unlimited in time frame and inquires into matters that are beyond the issues related to Mariner East 1, Mariner East 2, Mariner East 2X, or the 12-inch pipeline.

These interrogatories by their terms are not limited to subsidence events proximate to construction of the ME2/2X pipelines versus any subsidence that may have occurred in Chester and Delaware County for an undefined scope of time and may be wholly irrelevant to the pipelines at issue here. Moreover, this request for “all records” for an undefined period of time and scope is therefore a fishing expedition that is not reasonably tailored to discover admissible evidence. *See, e.g., City of York v. Pa. P.U.C.*, 281 A.2d 261, 265 (Pa. Cmwlt. 1971) (“Anything in the nature of a mere fishing expedition is not to be encouraged. Where the plaintiff will swear that some specific book contains material or important evidence, and sufficiently describes and identifies what he wants, it is proper that he should have it produced. But this does not entitle him to have brought in a mass of books and papers in order that he may search them through to gather evidence.”) (*quoting American Car & Foundary Co. v. Alexandria Water Co.*, 70 A.867, 869 (Pa. Super. 1908)).

Flynn Complainants’ argue that Your Honor allowed them to lodge this request, so therefore it must be unobjectionable. Motion at 14. However, when Flynn Complainants’ previously tried to compel answers to these requests before they had actually asked them in discovery, Your Honor did not prejudge the validity of these interrogatories or any objections thereto, instead allowing the requests to be lodged so that proper discovery procedures should be followed. October 21, 2019 Order on Flynn Motion for Sanctions. That time is now.

In the interest of compromise, SPLP now proposes the following resolutions to narrow the time and scope and overbreadth of these requests while still providing to Complainants the most pertinent information sought and without engaging in a disallowable “all records” fishing expedition. Accordingly, SPLP proposed to provide the Flynn Complainants with a list of the construction locations where subsidence has occurred in Chester and Delaware Counties in

proximity to the Mariner East 1, 12-inch pipeline, Mariner East 2, and Mariner East 2X pipelines during the time period when construction of Mariner East 2 and 2X pipelines was occurring (i.e. February 2017 to the present) and to include with that list a description of the information sought in interrogatories 2-7. Once Complainants have reviewed that information, if necessary, they can seek more specific records that they believe are necessary without engaging in fishing expeditions and placing undue burden on SPLP. The Motion should be denied.

B. Complainant Set 2, NOS. 16-17

Flynn Complainants Set 2, Nos. 16 and 17 state:

16. Identify all writings, drawings, graphs, charts, photographs, computer records, emails, other electronically stored information and other compilations of data that reflect planning at the administrative and executive levels for the siting of the Mariner East 2 and 2X pipelines in Chester and Delaware counties.
17. Identify all writings, drawings, graphs, charts, photographs, computer records, emails, other electronically stored information and other compilations of data that reflect planning at the administrative and executive levels for the transportation of HVLs via the 8-inch Mariner East 1 pipeline through Chester and Delaware Counties.

SPLP objected to these requests on various grounds, including that they are duplicative of prior discovery requests to which Your Honor already sustained SPLP's objections as overbroad, unduly burdensome "all documents" fishing requests. Specifically, these interrogatories seek the same information as was previously requested in the Flynn Complainants' Interrogatories Set 1, Nos. 165-166, which are as follows:

165. Identify all records reflecting planning for the location of the ME pipelines in Chester and Delaware Counties
166. Identify all records reflecting planning for transportation of HVLs through Chester and Delaware Counties

Your Honor ruled in the June 6, 2019 Order that SPLP “produce a detailed explanation of its Mariner East Project planning process from its inception in siting locations for the pipelines, valves, compressor stations, and pumping stations in Chester and Delaware Counties.” See June 6, 2019 Order at 34 and Ordering Paragraphs 18-19. In accordance with the directive of the June 6, 2019 Order, SPLP responded by producing documents Bates Nos. SPLP00005786-5891 and SPLP00006922-7000, which comprised of transcripts of previous testimony before the Commission that included detailed explanations of the planning process for the Mariner East pipelines. The Flynn Complainants took issue with SPLP’s response and production of the documents and filed a Motion for Sanctions. On October 21, 2019, ALJ Barnes ruled upon that Motion for Sanctions by Order¹ that recognized SPLP had produced documents responsive to the interrogatories and ordering SPLP to ensure that the electronic link to the Share File for the document production remained accessible. SPLP complied and has ensured the link for electronic access of the documents, remains live and active – in fact it always was active as demonstrate by the Flynn Complainants’ counsel and others continually accessing the Share File for the past several months.

Flynn Complainants fail to justify their request for more information than SPLP has already provided, simply stating because they challenge the siting of the pipelines, they should be entitled to whatever information and records they want. Motion at 17. Flynn Complainants also allege this request is not overbroad because it should only cover approximately two counties and twelve years. *Id.*

Flynn Complainants are wrong. First, SPLP has already, as Your Honor ruled, provided detailed explanations of the siting and planning process, including testimony from the person

¹ See Order Granting in Part and Denying in Part Flynn Complainant’s Motion for Sanctions, dated October 21, 2019.

who was in charge of the siting and planning process – Mr. Matthew Gordon. SPLP00005794-5795 “Were you responsible for Mariner East 2, for providing the route or the right-of-way for where Mariner East 2 and 2X were located? Yes.” Transcript produced in discovery included as **Attachment B**. Mr. Gordon also referenced various considerations taken into account that would allow Complainants’ to lodge more specific records requests, instead of the overbroad disallowable fishing expeditions they now seek, such as surveys and environmental permitting. Instead, Complainants ignore this, instead seeking all related records.

Moreover, the claim that this request is not overbroad and unduly burdensome is simply wrong. A document request covering as Complainants allege a twelve-year time frame, particularly considering the scope – planning and siting, is clearly overbroad on its face. Complainants have wholly failed to justify their overbroad “all records” request for information that they already have on the planning and siting process. They fail to show what additional information they hope to discover or how that information would be any different or more useful from what SPLP has provided. Flynn Complainants’ allegations that SPLP has not produced other information regarding siting or planning or has “taken great pains to remove it,” Motion at 17, is a red herring. SPLP produced what was required as Your Honor already found when ruling on Flynn Complainants’ Motion for Sanctions. The Motion should be denied.

C. Complainant Set 2, NO. 20

Flynn Complainants Set 2, No. 20 states:

20. Identify all leak, puncture and rupture incidents for the 8-inch and 12-inch Mariner lines that were related to corrosion.

SPLP objected to this request because it is totally duplicative of prior requests and SPLP has already answered this request. Flynn Complainants' Set 1, Interrogatories Nos. 113-115, sought:

- 113. Identify all leaks, punctures and ruptures that have occurred.
- 114. Identify all leaks, punctures and ruptures that have occurred on the 12 inch line.
- 115. Identify all leaks, punctures and ruptures that have occurred on the workaround pipeline.

SPLP objected to the Flynn Complainants' Interrogatories Set 1, Nos. 113-115 on the basis that they were overbroad and unduly burdensome, and those objections were subject to a Motion to Compel before ALJ Barnes. ALJ Barnes sustained SPLP's objections that the requests were overbroad and unduly burdensome, agreed with SPLP's offer to compromise by producing PHMSA incident reports dating back to 1986, and ruled in the June 6, 2019 Order that SPLP answer the interrogatories as modified by providing such reports from January 1, 1986 forward. *See* June 6, 2019 Order at 30 and Ordering Paragraph 13. Pursuant to the June 6, 2019 Order, SPLP produced responsive documents that consisted of available PHMSA incident reports for the Mariner East 1 and 12-inch pipelines, Bates Nos. SPLP00005715-5785, and which identify the apparent cause of the reported incident, which include whether the apparent cause was corrosion. *See e.g.*, SPLP00005715-5720 (including Section H-Apparent Cause, and subset H1-Corrosion, sub-subsets external corrosion or internal corrosion). Thus, SPLP has already provided information that indicates which leaks, punctures and ruptures were due to corrosion, with the detailed information the PHMSA requires in the report forms that SPLP provided. A sample is included as **Attachment C**.

Flynn Complainants acknowledge they are seeking a subset of the information already requested. Motion at 19. They apparently have not reviewed the information already in their possession responding to these requests, instead continuing to raise a dispute for information already in their possession. The Motion should be denied.

D. Complainant Set 2, NO. 22

Flynn Complainants Set 2, No. 22 states:

22. Identify all procedures, inspections, data collection processes and reports that are specified in Sunoco's integrity management manual.

SPLP objected to Flynn Complaints Interrogatories Set 2, No. 22 on the basis that it seeks the same information as was previously requested in the Flynn Complainants' Set 1, Interrogatories Nos. 11-12, 163-164, which are as follows:

11. You state that your pipeline integrity management program ("PIMP") "continues to function in compliance with the law." Identify each statute and regulation of which you are aware that sets out PIMP requirements.
12. With reference to your answer to No. 11 above, explain how you are in compliance with each such statute and regulation.
163. What is your understanding of the term "pipeline integrity management program" ("PIMP") in relation to pipelines?
164. Identify all documents in which your PIMP is found.

SPLP objected to the Flynn Complainants' Interrogatories Set 1, Nos. 11-12 and 163-164 on the basis that they were overbroad and unduly burdensome, and those objections were subject to a Motion to Compel before ALJ Barnes. ALJ Barnes sustained SPLP's objections that the requests were overbroad and unduly burdensome and ruled in the June 6, 2019 Order that SPLP produce its integrity management plans. *See* June 6, 2019 Order at 11 and 32, and Ordering Paragraphs 9 and 16. Pursuant to the June 6, 2019 Order, SPLP produced its Integrity

Management Plan, Bates Nos. SPLP00007034-7161, which was designated as “Extremely Sensitive Materials” in accordance with the terms of the Amended Protective Order. Counsel for Flynn Complainants and their designated expert witness have already accessed and reviewed the Integrity Management Plan which contains the information sought in this Interrogatory. Flynn Complaints Interrogatories Set 2, No. 22 is therefore improper, duplicative, and unduly burdensome, as it seeks information and documents that SPLP has already responded to and produced.

Flynn Complainants have access to review SPLP’s pipeline integrity management plan and the appendices. Notably, Complainants’ expert has only chose to review the integrity management plan once. Complainants have not sought to review the appendices yet. Complainants can review these materials themselves to identify any “procedures, inspections, data collection processes and reports that are specified” in these materials. If Complainants want access to specific materials therein, they can request that instead of this overbroad and unduly burdensome fishing expedition. The Motion should be denied.

E. Complainant Set 2, NOS. 23-43

Flynn Complainants Interrogatories Set 2, Nos. 23-43 state:

23. Identify each and every well contamination event of which you are aware in connection with drilling for the Mariner East pipelines. For each such event, furnish the following information: date, location, and a brief description of what happened.
24. For each event identified in your answer to No. 23 above, identify all documents in your possession, custody or control that you furnished to state or federal authorities that describe the event.
25. For each event identified in your answer to No. 23 above, identify all documents (including laboratory reports) in your possession, custody or control that set forth the results of your investigation, or anyone else's investigation, of the event.

26. Identify each and every communication between Sunoco and residential property owners who were affected by well contamination events.
27. Prior to commencement of drilling for the Mariner East lines in Chester and Delaware Counties, was Sunoco aware that there was a risk of negative impacts to private water wells from the drilling activities?
28. Identify all documents in your possession, custody or control reflecting your knowledge that there was a risk of negative impacts to private water wells from the Mariner East drilling activities.
29. Identify all written communications from Sunoco to owners of private water wells in Chester and Delaware Counties in which you notified owners, prior to commencement of drilling, that there was a risk of negative impacts to private water wells from the Mariner East drilling activities.
30. Identify all written communications from Sunoco to owners of private water wells in Chester and Delaware Counties in which you notified owners, prior to execution of easements, that there was a risk of negative impacts to private water wells from the Mariner East drilling activities.
31. Identify all easement agreements with owners of private water wells in Chester and Delaware Counties in which you identified a risk of negative impacts to private water wells from the Mariner East drilling activities.
32. With respect to Fuller Exhibit 8, revised February 6, 2017 and admitted into evidence at the hearing on October 24, 2019, the document states in part in Section 5.0 that "Unanticipated encounters with contaminated soil may also threaten water resources and supplies." Was that statement true at the time?
33. With respect to Fuller Exhibit 8, revised February 6, 2017 and admitted into evidence at the hearing on October 24, 2019, the document states in part in Section 5.0 that "Private and public water supplies may be impacted by hazardous material spills during any of the project activities ..." Was that statement true at the time?
34. With respect to Fuller Exhibit 8, revised February 6, 2017 and admitted into evidence at the hearing on October 24, 2019, the document states in part in Section 5.2.1 that during the course of HDD drilling, pipeline fluid may enter "an existing fracture, fissure, or formation opening in the soil or rock substrate. When this happens... drilling fluid could enter the groundwater table that could be used by private groundwater wells." Was the information in Section 5.2.1 true at the time?

35. Explain why the information set out in Fuller Exhibit 8, noted in Interrogatories 32, 33 and 34 above, was not furnished to private well owners prior to their signing easement agreements.
36. Prior to execution of easement agreements, what information was given by Sunoco to property owners being asked to sign the agreements regarding (a) the characteristics of HVL's and (b) the fact the HVLs would be transported in Mariner East pipelines across their properties?
37. Identify any and all written communications from Sunoco to Rosemary and Gordon Fuller in which Sunoco unconditionally offered the Fullers public water connection at Sunoco's expense.
38. With respect to Fuller Exhibit 6, and admitted into evidence at the hearing on October 24, 2019, Sunoco employee on April 18, 2018 stated in a letter to the Department of Environmental Protection that "the best method to prevent impacts to private water supplies continues to be nonuse of private wells within the 450 ft buffer surrounding the HDD profile during HDD activities." Was that statement true at the time?
39. Identify any and all written communications from Sunoco to private well owners in Chester and Delaware Counties advising them not to use private wells within the 450 ft buffer surrounding the HDD profile during HDD activities.
40. Identify all fracture lines known or believed by Sunoco to exist on the properties of private well owners in Chester and Delaware Counties on whose property there have been HDD activities.
41. Do you agree that Fuller Exhibit 7, admitted into evidence at the hearing on October 24, 2019, depicts a fracture trace line passing through the Fullers' property and past their well?
42. Sunoco's Inadvertent Return Assessment, Preparedness, Prevention and Contingency Plan (February 6, 2018) provides in Section 6.6 in pertinent part that, "If any impact to a private water supply attributable to pipeline construction is identified after post construction sampling, SPLP will restore or replace the impacted water supply to the satisfaction of the private water supply owner.

Sunoco's Pennsylvania Pipeline Project Operations Plan (January, 2018) provides in Section 4.3 in pertinent part that, "If any impact to a private water supply attributable to pipeline construction is identified after post construction sampling, SPLP will restore or replace the impacted water supply to the satisfaction of the private water supply owner."

Identify all written communications and other documents in your possession, custody or control that reflect your efforts to restore or replace Gordon and Rosemary Fuller's water supply to their satisfaction

43. Laboratory analyses of the Fullers' water indicate the existence of a contaminant identified as "undetermined". Identify each such contaminant.

SPLP objected to Flynn Complaints Interrogatories Set 2, Nos. 23-43 on the basis that they do not seek information relevant to this proceeding or that could lead to the discovery of relevant and admissible evidence. Under 52 Pa. Code § 5.341(c), a party may propound interrogatories that relate to matters that can be inquired into under Section 5.321. Section 5.321(c), in turn, provides that a party is entitled to obtain discovery of any matter not privileged that is relevant to a pending proceeding and reasonably calculated to lead to the discovery of admissible evidence. 52 Pa. Code § 5.321(c). The requests are also unduly burdensome and overbroad because they request "all records," which interpreted literally could pertain to hundreds of thousands of documents. This request for all records is a fishing expedition and is not reasonably tailored to discover admissible evidence relevant to the Amended Complaint. *See, e.g., City of York v. Pa. P.U.C.*, 281 A.2d 261, 265 (Pa. Cmwlth. 1971).

Moreover, Flynn Complainants Interrogatories Set 2, Nos. 23-43 seek information regarding alleged contamination to private water wells during the construction of the Mariner East 2 and Mariner East 2X pipelines in general, and Complainant Rosemary Fuller's individual complaints regarding alleged impacts to her private water supply in particular. Alleged impacts to private water wells during the construction of Mariner East 2 and Mariner East 2X are not issues that were raised in the Flynn Complainant's Amended Complaint, nor are they a matter for which Flynn Complainants seek any form of relief through this action. Discovery requests on matters beyond the scope of the issues raised in a complaint before the Commission are

irrelevant, improper, and beyond the scope of discovery allowed under the Commission's procedural rules. *See* 52 Pa. Code § 5.321(c) and § 5.361(a). SPLP also further objects to Interrogatories Set 2, Nos. 23-43 because they seek information outside of the Commission's jurisdiction and that is irrelevant to this proceeding. Issues related to alleged impacts to private water wells fall squarely within the jurisdiction of PADEP, SPLP's permits for the Mariner East 2 and Mariner East 2X construction have detailed and robust requirements and special conditions regarding private and public water supplies, and PADEP has been actively monitoring and enforcing SPLP's permit conditions and requirements related to water supply issues. Lastly, any alleged issues with Complainant Rosemary Fuller's individual complaints are a matter to be addressed by PADEP or pertain to a private party legal claim, either of which is beyond the scope of the Commission's jurisdiction.

Complainants' argue that because testimony was allowed on water quality issues, discovery too should be allowed. Motion at 25. However, Complainants have not amended their Complaint to raise these issues. Moreover, amending the Complaint again on water quality and DEP permitting issues cannot resolve the underlying jurisdictional issue that the PUC simply does not have jurisdiction over these water quality issues that are solely within DEP's jurisdiction. As the Commonwealth Court has held:

It is well settled that the Commission may not exceed its jurisdiction and must act within it. *City of Pittsburgh v. Pennsylvania Public Utility Commission*, 157 Pa.Super. 595, 43 A.2d 348 (1945). Jurisdiction may not be conferred by the parties where none exists. *Roberts v. Martorano*, 427 Pa. 581, 235 A.2d 602 (1967). Subject matter jurisdiction is a prerequisite to the exercise of the power to decide a controversy. *Hughes v. Pa. State Police*, 152 Pa.Cmwlth. 409, 619 A.2d 390 (1992). As a creature of legislation, the Commission possesses only the authority the state legislature has specifically granted to it in the Code. 66 Pa.C.S. §§ 101–3316. Its jurisdiction must arise from the express language of the pertinent enabling legislation or by strong and necessary implication therefrom.

Feingold v. Bell, 477 Pa. 1, 383 A.2d 791 (1977).

This Court ruled on the jurisdiction conferred by the Pennsylvania Safe Drinking Water Act to the DEP and the limitations on the Commission's authority over drinking water in *Rovin, D.D.S. v. Pennsylvania Public Utility Commission*, 94 Pa.Cmwlth. 71, 502 A.2d 785 (1986). Precedent makes clear the distinction between water *service*, which the Commission may regulate, and water *quality*, which may only be regulated by the DEP. *Rovin*, 502 A.2d at 787.

In *Rovin*, Sheldon Rovin (Dr. Rovin), a dentist, filed a complaint with the Commission and asserted that the Philadelphia Suburban Water Company (PSWC) failed to provide the public with adequate, safe and reasonable water service in violation of Section 1501 of the Code, 66 Pa.C.S. § 1501. Dr. Rovin complained that some of his patients received fluoridated water while others did not and that those patients who had not received the fluoridated water were denied its benefits. He also asserted that those patients who had received fluoridated water were at risk if their pediatricians prescribed a fluoride supplement. *Rovin*, 502 A.2d at 786.

The Commission dismissed Dr. Rovin's complaint because it lacked subject matter jurisdiction. Dr. Rovin appealed to this Court and argued that the Commission "misconceived the nature of his complaint." *Rovin*, 502 A.2d at 786. He averred that the real issue was "whether an unreasonable and potentially unsafe situation exist[ed], in violation of Section 1501 of the Code, when PSWC provide[d] only some of its customers with fluoridated water." *Id.* at 786. Dr. Rovin asserted that the water was unsafe because fluorosis could occur if a patient who drank the fluoridated water received a fluoride application.

Finding that Dr. Rovin was "actually complaining about the quality of the water" and not the water service, this Court held that the Commission properly dismissed his complaint for lack of jurisdiction. *Id.* at 787. "Water *quality* in Pennsylvania is statutorily regulated by the provisions of the Pennsylvania Safe Drinking Water Act and the Federal Safe Drinking Water Act" and "[e]nforcement of those statutes is specifically vested in [DEP] and the Federal Environmental *714 Protection Agency." *Id.* at 787. (citations omitted; emphasis in original). Because Dr. Rovin did not otherwise complain about the quality of service by PSWC this Court concluded that he did not sustain his burden of proving a violation of Section 1501 of the Code and the Commission properly dismissed his complaint.

Rovin is directly applicable to this proceeding. Petitioners, like Dr. Rovin, framed the issue in terms of whether it was more prudent or reasonable for the PAWC to use an alternative decontaminant which was allegedly less risky. This is a challenge to what goes into the water. That is, they challenge the water itself, in terms of its quality and whether it has the potential to be harmful. Like in *Rovin*, the challenge involves the substances used in the treatment of the water

and the resultant impact on the health of the public. This issue of water purity is under the exclusive jurisdiction of the DEP as it has primacy over the enforcement of the Safe Drinking Water Act. The DEP granted the permits which concluded that use of chloramines is within the Safe Drinking Water Act guidelines. The actions filed by Petitioners are a collateral attack on the DEP permitting process. The Commission did not err in refusing to re-litigate and second guess the DEP's determinations regarding water quality.

Pickford v. Public Utility Comm'n, 4 A.3d 707, 713-14 (Pa. Cmwlth. 2010).

Moreover, these requests are unduly burdensome and Complainants' hyperbole concerning the breadth of documents at issue fails to understand their requests and the DEP process. For example, Complainant's interrogatory No. 29, 30, and 39 seek SPLP to identify and produce written communications with private well owners in Chester and Delaware Counties. In accordance with SPLP's PADEP permits for the Mariner East 2 and Mariner East 2X pipelines, SPLP is obligated to make certain notifications to all landowners with a private water supply located within 450 feet of an HDD construction location. In Chester and Delaware Counties, this includes approximately 2700 individual parcels of property, often with four or more notices and written communications to each property, depending on the circumstances. Likewise, Complainants' interrogatory No. 30 seeks copies of easement agreements of properties that have private wells in Chester and Delaware Counties, which encompasses over 700 individual parcels, and potentially multiple agreements and related amendments per parcel.

These requests are overbroad and unduly burdensome, particularly when taking into account Complainants cannot litigate this case on behalf of others because they do not have standing to do so. Issues with well or drinking water with no direct effect on Complainants are not issues Complainants can pursue, even if the Commission did have jurisdiction over these issues, which it does not.

F. Complainant Set 2, NO. 44

Flynn Complainants Interrogatories Set 2, No 44 states:

44. With respect to the event(s) involving the release of gasoline or other petroleum product(s) in the vicinity of the Tunbridge Apartment complex on or about Monday, November 11, 2019,

- (a) Identify each and every product and the quantity of each such product that was released;
- (b) Explain in detail the methods by which you determined the quantities of product that were released;
- (c) Explain the cause(s) of the release(s);
- (d) State how long the release(s) continued before it or they were stopped;
- (e) Identify the area in which an odor was noticeable;
- (f) Explain in detail the efforts you or your agents made to inform government officials of the existence of the leak(s), including without limitation officials from Delaware County Emergency Services, the Pennsylvania Public Utility Commission, the Pennsylvania Department of Environmental Protection, Middletown Township, Pennsylvania Fish & Boat Commission, and the U.S. Coast Guard;
- (g) Explain in detail the efforts you or your agents made to inform the public contemporaneously what steps if any the public should take by way of precautions; and
- (h) Explain in detail the efforts you or your agents made after the event was over to inform the public via written notice or public media as to what had occurred and what concerns the public should have under the circumstances.
- (i) Identify all persons, including emergency responders, who experienced any health effects in connection with the release(s) and its or their sequelae;
- (j) For each person identified in response to (h) above, explain how that person came to experience health effects.
- (k) For each person identified in response to (h) above, set forth the extent of that person's health effects and the treatment that person received.
- (l) Set forth a detailed timeline of the entire release event, for each event, including but not limited to time the release commenced, when Sunoco became aware of it, how Sunoco became aware of it, when Sunoco personnel were dispatched to the scene, when Sunoco

personnel arrived at the scene, the time when Sunoco first spoke with Delaware County Emergency Services, when Delaware County first responders first arrived, when the release was contained.

SPLP objected to Flynn Complainants Interrogatories Set 2, No. 44 because it does not seek information relevant to this proceeding. Under 52 Pa. Code § 5.341(c), a party may propound interrogatories that relate to matters that can be inquired into under Section 5.321. Section 5.321(c), in turn, provides that a party is entitled to obtain discovery of any matter not privileged that is relevant to a pending proceeding and reasonably calculated to lead to the discovery of admissible evidence. 52 Pa. Code § 5.321(c).

The incident described in Flynn Complaints Interrogatories Set 2, No. 44 seeks information regarding an incident that occurred on November 11, 2019 on valve component for a pipeline that is not at issue in this litigation, and that carries gasoline and other refined petroleum products, such as diesel fuel, home heating oil, kerosene, and jet fuel – rather than an HVL transmission pipeline such as the Mariner East pipelines that are at issue in this proceeding. The incident that occurred on November 11, 2019 is not relevant to this proceeding, and therefore discovery regarding such matters is beyond the scope of discovery allowed under the Commission’s procedural rules. *See* 52 Pa. Code § 5.321(c) and § 5.361(a).

Flynn Complainants argue that because they falsely allege SPLP is “reckless in the event of an accident” they should be entitled to whatever information they want. Motion at 27-28. This is not discovery but rather a wild and unproven allegation and under Pennsylvania law that is no basis legally or factually to support discovery. Thus, the request is simply sensationalism and another expansion of issues and fishing expedition unrelated to the pipelines at issue in this proceeding. Complainants introduction of new and irrelevant issues in this proceeding is already

going to result in an enormous and unwieldy record. Discovery on new and irrelevant issues should not be allowed and the Motion should be denied.

G. Complainant Set 2 Document Requests

Flynn Complainant Set 2, Requests for Production of Documents state as follows:

1. All documents identified in your answers to Complainants' Second Interrogatories Addressed to Sunoco Pipeline, L.P.
2. All documents known or believed by you to contain information related in whole or in part to your answers to Complainants' Second Interrogatories Addressed to Sunoco Pipeline, L.P.
3. All documents you have relied upon in whole or in part in furnishing answers to Complainants' Second Set of Interrogatories Addressed to Sunoco Pipeline L.P.

Both Flynn Complainants and SPLP have relied upon prior arguments concerning each individual request above in support of their positions on these all documents requests.

WHEREFORE, SPLP requests that Complainants' Motion to Compel Responses to Complainants' Set 2 Discovery be denied as stated herein.

/s/ Robert D. Fox

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Dated: December 16, 2019

CERTIFICATE OF SERVICE

I hereby certify that I have this day served a true copy of the forgoing document upon the persons listed below in accordance with the requirements of § 1.54 (relating to service by a party).

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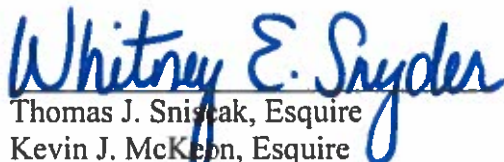
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Whitney E. Snyder, Esquire

Dated: December 16, 2019

Attachment A

**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

| | | |
|-----------------------|---|----------------------------|
| MEGHAN FLYNN | : | |
| ROSEMARY FULLER | : | |
| MICHAEL WALSH | : | |
| NANCY HARKINS | : | |
| GERALD MCMULLEN | : | DOCKET NO. C- 2018-3006116 |
| CAROLINE HUGHES and | : | |
| MELISSA HAINES, | : | DOCKET NO. P-2018-30066117 |
| Complainants | : | |
| | : | |
| v. | : | |
| | : | |
| SUNOCO PIPELINE L.P., | : | |
| Respondent | : | |

**COMPLAINANTS' MOTION TO DISMISS
OBJECTIONS AND COMPEL ANSWERS
TO COMPLAINANTS' SECOND
INTERROGATORIES AND DOCUMENT REQUESTS**

Complainants, having received Respondent's objections to interrogatories and a document request, and desiring to oppose same, hereby move to dismiss said objections and compel answers for the reasons set forth below:

Respondent served Complainants with timely objections to Complainants Second Interrogatories and Document Request. The objections were 21 pages long and were quite detailed.

Sunoco's objections consist of lengthy objections to definitions and instructions and specific objections to interrogatories. The objections to definitions and instructions were largely vague and non-specific and mirrored previous such objections that were overruled. Most of the specific interrogatories were followup questions to Complainants' First Interrogatories, with questions suggested by the ALJ's most recent discovery ruling.

For the reasons stated below, Flynn Complainants submit that Sunoco's objections should be dismissed.

I. Objections to Definitions and Instrucions

Definitions and Instructions:

Definitions

A. The terms "person" or "persons" shall refer not only to natural persons, but also, without limitation, to firms, partnerships, corporations, associations, unincorporated associations, organizations, businesses, trusts, public entities, parent companies, subsidiaries, divisions, departments or other units thereof, and/or any other type of legal entities.

B. The terms "you" and "your" shall refer both to Sunoco and/or any other person representing or purporting to represent Sunoco in any capacity, including its attorneys.

C. "Identify" is defined as the following:

1) *when used with respect to individuals*, means to state (a) their name; business affiliation and official title and/or position; and (c) their last known residential and business address.

2) *when used with respect to a document*, means to state (a) the type of document (e.g. letter, memorandum, hand-written note, facsimile, e-mail) (b) its date of origin or creation; (c) its author and addressee; (d) its last known custodian or locations; and (e) a brief description of its subject matter and size. In lieu of identifying any document(s), you may attach a copy of it to your answer, indicating the question to which it is responsive. ALL DOCUMENTS SO IDENTIFIED SHALL BE BATES STAMPED OR OTHERWISE STAMPED USING SEQUENTIAL NUMBERING FOR EASE OF REFERENCE.

3) *when used with respect to a company or other business entity*, means to state, (a) the company's legal name, any former names, and the name under which it trades or does business; (b) the address of its principal place of business; and (c) the identity of its chief executive officer

D. The term "communication" shall refer to any exchange or transmission of words or ideas to another person or entity, whether accomplished person-to-person, by telephone, in writing, via electronic mail or through another medium, and shall include, but shall not be limited to, discussions, conversations, negotiations, conferences, meetings, speeches, memoranda, letters, correspondence, notes, and statements or questions.

E. For purposes of these interrogatories, the terms "records" and "documents" are used interchangeably and shall include without limitation (1) books of account, spreadsheets, ledgers, computerized data bases and other records; (2) checkbooks, canceled checks, check stubs and checking account statements; (3) personnel files in which records are segregated for individual employees; (4) all written or printed matter of any kind, including the originals and all non-identical copies, whether different from the originals by reason of any notation made in such copies or otherwise, including, without limitation, correspondence, memoranda, notes, diaries, statistics, letters, telegrams, minutes, releases, agendas, opinions, reports, studies, test

results, records of measurements, surveys, maps of any sort, written protocols, summaries, statements, consultations speeches, summaries, pamphlets, books, inter-office and infra-office communications, manuals, notations of any sort of conversation, bulletins, computer print-outs, teletypes, telefax, invoices, worksheets, and all drafts, alterations, modifications, changes and amendments or any of the foregoing; (5) graphic or manual records or representations of any kind, including without limitations, photographs, charts, graphs, microphone, microfilm, videotape, records, motion pictures; and (6) electronic, mechanical or electric records or representations of any kind, including, without limitation, tapes, cassettes, discs and recording.

F. If any information, communication, or document responsive to anyone (or portion thereof) of the following requests is withheld based on any claim of privilege, describe generally the substance or subject matter of the information, communication, or document withheld, state the privilege being relied upon or claimed and the basis therefore, and identify all persons or entities who have had access to such information, communication, or document.

G. The term "including" shall mean including without limitations.

H. The terms "all," "each," and "any" are used in their broadest sense and shall be construed as all and any.

I. The conjunctions "and" and "or" shall be construed either disjunctively or conjunctively, as necessary, to bring within the scope of a discovery request all responses that might otherwise be outside its scope.

J. The terms "concerning" and "concerns" shall mean, in whole or in part, referring to, describing, evidencing, constituting, containing, comprising, embodying, connected to, reflecting, analyzing, showing, discussing, identifying, illustrating, stating, regarding, supporting, refuting, rebutting, responding to, commenting on, evaluating, about, in respect of, mentioning, dealing with, or in any way pertaining to, either explicitly or implicitly.

K. Use of the past tense in these interrogatories includes the present tense unless otherwise explicitly stated.

L. Use of the singular form of any word includes the plural and vice versa.

M. The term "statement" includes:

(1) A written statement, signed or otherwise adopted or approved by the person making it, or
(2) A stenographic, mechanical, electronic, videographic or other recording, or a transcript thereof, which is a substantially verbatim recital of an oral statement by the person making it and contemporaneously recorded.

N. "BIE Complaint" as used herein refers to the formal complaint filed on behalf of the Public utility Commission ("PUC") Bureau of Investigation and Enforcement as docketed in the PUC at No. C-2018-3006534.

O. "Flynn Complaint" as used herein refers to the Second Amended Formal Complaint filed in the instant proceeding.

P. "Subsidence" as used herein refers to the mainly vertical downward displacement of the Earth's surface which may be caused by geologic or human-induced causes. "Subsidence events" refers to subsidence occurrences in Chester and Delaware Counties that have taken place up until the date of your answers to these interrogatories.

Q. For purposes of these Interrogatories, unless otherwise indicated, the relevant time period for which information is sought is from the date a pipeline became operational until the present.

R. "ME1" and "the 8 inch pipeline" are used synonymously herein below. The description of this pipeline set forth in ¶¶ 13 - 17 of the BIE Complaint is hereby incorporated by reference thereto.

S. "The 12 inch pipeline" refers to the Sunoco pipeline placed into service by Sunoco's predecessors in the 1930's that has now been pieced together with various sections of 20 inch ME2 and 16 inch ME2X pipeline segments to begin additional transport of highly volatile liquids ("HVLs").

T. "Workaround pipeline" as used herein refers to the hybrid HVL pipeline consisting of various sections of 20 inch ME2, 16 inch ME2X and 12 inch pipeline segments.

U. "Beaver County Explosions" refers to the pipeline events described more in detail in ¶¶ 94 - 98 of the Flynn Complaint.

R. "ME1" and "the 8 inch pipeline" are used synonymously herein below. The description of this pipeline set forth in ¶¶ 13 - 17 of the BIE Complaint is hereby incorporated by reference thereto.

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T. "Workaround pipeline" as used herein refers to the hybrid HVL pipeline consisting of various sections of 20 inch ME2, 16 inch ME2X and 12 inch pipeline segments.

U. "Beaver County Explosions" refers to the pipeline events described more in detail in ¶¶ 94 - 98 of the Flynn Complaint.

V. "Well Contamination Events" refers to incidents in Chester and Delaware Counties in which Sunoco, in drilling for Mariner East pipelines, has drilled into private and public water sources and aquifers, resulting in leakage of drilling fluids and other substances not previously present and having an adverse affect on water quality.

Instructions

1. No interrogatory shall be construed with reference to any other interrogatory for purposes of limitation.
2. If you object to the scope or breadth of any of these discovery requests, you shall, to the extent possible, respond to the request notwithstanding its objection.
3. If any of these discovery requests cannot be answered in full, you shall answer to the extent possible, specifying the reasons for your inability to answer the remainder and stating what information, knowledge or belief you have concerning the unanswered portion.

Sunoco's Objections to Definitions and Instructions:

I. OBJECTIONS TO INTERROGATORY INSTRUCTIONS AND DEFINITIONS

- SPLP objects to the instructions and definitions contained in the Interrogatories to the extent that such instructions and definitions are inconsistent with the Commission's regulations. Lack of specific written objection to any instruction or definition shall not be construed as SPLP's agreement with such instruction or definition.
- SPLP objects to the instruction that answers be served on all parties. To the extent any of SPLP's responses contain confidential, proprietary, highly confidential, or confidential security information, SPLP will only provide such information and materials pursuant to the terms of the Amended Protective Order.

- SPLP objects to the instruction that “Such supplemental Answers may be filed from time to time, but not later than 20 days after such further information is received.” To the extent SPLP is required to supplement answers, it will do so consistent with the Commission’s regulations.
- SPLP objects to the instruction that SPLP’s answers “shall be based upon information known to Respondent or in the possession, custody or control of Respondent, its attorneys or other representatives acting on its behalf whether in preparation for litigation or otherwise.” SPLP objects to the extent that the instruction requires the production of any information subject to any applicable privilege. SPLP further objects to this instruction to the extent it requires the production of information exempt from discovery under 52 Pa. Code § 5.323(a) (litigation preparation materials).
- SPLP objects to the instruction that “[t]he omission of any name, fact, or other item of information from the Answers shall be deemed a representation that such name, fact, or other item was not known to Respondent, its counsel, or other representatives at the time of Service of the Answers.” Flynn Complainants propounded 46 interrogatories with multiple subparts, many of which are objectionable. This is in addition to the original set of 260 interrogatories previously propounded, to which SPLP objected to, and which was the subject of motion practice before Administrative Law Judge (“ALJ”) Elizabeth Barnes. SPLP will produce responses to the Interrogatories and the Requests to which it does not object as consistently with the 20-day answer period as reasonably possible; however, to the extent SPLP does not have such information available within that timeframe, SPLP will provide additional information on a rolling-basis as it becomes available.

- SPLP objects to Definition B, which provides that: "The terms 'you' and 'your' shall refer to both Sunoco and/or any other person representing or purporting to represent Sunoco in any capacity, including its attorneys." SPLP objects to Definition B to the extent it seeks the disclosure of an attorney's mental impressions or work product and to the extent it seeks production of information exempt from discovery under 52 Pa. Code § 5.323(a) (litigation preparation materials).
- SPLP objects to Definition E, which states:

For purposes of these interrogatories, the terms "record" and "documents" are used interchangeable and shall include without limitation (1) books of account, spreadsheets, ledgers, computerized data bases and other records; (2) checkbooks, canceled checks, check stubs and checking account statements; (3) personnel files in which records are segregated for individual employees; (4) all written or printed matter of any kind, including the originals and all non-identical copies, whether different from the originals by reason of any notation made in such copies or otherwise, including, without limitation, correspondence, memoranda, notes, diaries, statistics, letters, telegrams, minutes, releases, agendas, opinions, reports, studies, test results, record of measurements, surveys, maps of any sort, written protocols, summaries, statements, consultations speeches, summaries, pamphlets, books, inter-office communications, manuals, notations of any sort of conversation, bulletins, computer printouts, teletypes, telefax, invoices, worksheets, and all drafts, alterations, modifications, changes and amendments or any of the foregoing; (5) graphic or manual records or representations of any kind, including without limitations, photographs, charts, graphs, microphone, microfilm, videotape, records, motion pictures; and (6) electronic, mechanical or electric records or representations of any kind, including, without limitation, tapes, cassettes, discs and recording.

Pursuant to Section 5.321(c), a party may obtain discovery of any matter not privileged that is relevant to a pending proceeding and that is reasonably calculated to lead to the discovery of admissible evidence. 52 Pa. Code § 5.321(c). Section 5.323(a) of the Commission's regulations also exempts preliminary or draft versions of testimony and exhibits from discovery, whether or

not the final versions of the testimony or exhibits are offered into evidence. 52 Pa. Code § 5.323(a). In addition, the Commission's regulations prohibit discovery which would cause unreasonable burden to a party. 52 Pa. Code § 5.361(a)(4). Definition E defines "Document" in a manner which is unreasonably burdensome, and seeks information that is privileged, irrelevant, immaterial, and not likely to lead to the discovery of admissible evidence.

Definition E specifically seeks to include all prior drafts of any document, and handwritten notes, notations, records or recordings of any conversation in the definition of "Document." Any prior drafts of a document are irrelevant and immaterial to the issues in this proceeding and are not likely to lead to the discovery of admissible evidence. To the extent that a document is relevant to the issues in this proceeding, the content of that document speaks for itself and does not require inquiry into any prior draft(s). Moreover, such drafts are exempt from discovery under the Commission's regulations. In addition, production of prior drafts, and any handwritten notes, notations, records or recordings of any conversation is unreasonably burdensome. Production of such materials would require an unreasonably extraordinary and burdensome effort by SPLP, and only serve to inefficiently delay this proceeding.

Moreover, Definition E seeks to include materials and documents that were created in preparation of litigation in its definition of Document. To the extent that any document or other material was prepared in anticipation or preparation of litigation, such materials are privileged and exempt from discovery.

Based on the foregoing, SPLP objects to Definition E as unreasonably burdensome, and as seeking information that is privileged, irrelevant, immaterial, and not likely to lead to the discovery of admissible evidence. SPLP reserves the right to further object to any question that similarly seeks discovery of an overly broad classification or category of materials or documents.

- SPLP objects to Definition F, which states:

If any information, communication, or document responsive to anyone (or portion thereof) of the following requests is withheld based on any claim of privilege, describe generally the substance or subject matter of the information, communication, or document withheld, state the privilege being relied upon or claimed and the basis therefore, and identify all persons or entities who have had access to such information, communication, or document.

The Commission's regulations broadly exempt privileged materials and documents from discovery. 52 Pa. Code §§ 5.321(c) and 5.323(a); *see also* 52 Pa. Code § 5.361(a)(3) (prohibiting discovery which relates to a matter which is privileged). However, the Commission's regulations do not require a party to maintain a privilege log for any material or materials for which privilege is asserted. In addition, the Commission's regulations prohibit discovery which would cause unreasonable burden to a party. 52 Pa. Code § 5.361(a)(4). Complainant Set 2 Definition F seeks to unreasonably burden SPLP efforts to respond to discovery requests, which specifically inquire into matters which are exempt from discovery under the Commission's regulations, by imposing a requirement on SPLP that is not contemplated by the Commission's regulations.

- SPLP objects to Definition P, which states:

"Subsidence" as used herein refers to the mainly vertical downward displacement of the Earth's surface which may be caused by geologic or human-induced causes. "Subsidence events" refers to subsidence occurrences in Chester and Delaware Counties that have taken place up until the date of your answers to these interrogatories."

SPLP objects to Definition P because it is overbroad, requests information that is not relevant, and would place an undue burden on SPLP, and to the extent it seeks information that is outside of SPLP's knowledge, information, and control.

- SPLP objects to Definition Q, which states:

For purposes of these Interrogatories, unless otherwise indicated, the relevant time period for which information is sought is from the date a pipeline became operational until the present.

SPLP objects to Definition Q because it is overbroad, requests information that is not relevant, and would place an undue burden on SPLP. Certain of the pipelines at issue in this litigation have been in operation since the 1930s, thus a request for information from the date a pipeline became operational is a request for over 80 years of information. Such a request goes far afield of the Commission's regulations because it is overbroad, requests information that is not relevant, and would place an undue burden on SPLP. Furthermore, such Definition is contrary to the ALJ Barnes' June 6, 2019 Order² and ruling regarding the time period and scope of the Flynn Complainants' prior interrogatories, which ALJ Barnes limited SPLP's obligation to response regarding interrogatories to a much more narrow window of time. For example, related to upgrades on the Mariner East 1 pipeline, ALJ Barnes limited such information and documents since January 1, 2013; summaries of maintenance and upgrades were limited to the time period since January 1, 2015; leaks and other incidents on the Mariner pipelines were limited to the time period since January 1, 1986; leak detection on Mariner East pipelines were limited to the time period since January 1, 2014; and changes to SPLP's public awareness plan were limited to the time period since January 1, 2014.

- SPLP objects to Definition V, which states:

"Well Contamination Events" refers to incidents in Chester and Delaware Counties in which Sunoco, in drilling for Mariner East pipelines, has drilled into private and public water sources and aquifers, resulting in leaking of drilling fluids and other substances not previously present and having an adverse effect on water quality.

² See Order Granting in Part and Denying in Part Complainants' Motion to Compel Responses to Complainants' Interrogatories and Document Request Set 1, dated June 6, 2019.

SPLP objects to Definition V on the basis that it refers to alleged incidents related to adverse effects on private or public water supplies, which are not irrelevant to any claim or issue in the Flynn Complainant's Second Amended Complaint. In fact, there are no allegations in the Second Amended Complaint that relate to alleged adverse effects on private or public water supplies, and therefore any information sought regarding such alleged incidents are not relevant to this proceeding. SPLP also further objects to Definition V on the basis that it seeks information that is outside the Commission's jurisdiction, and which is rather within the jurisdiction of the Pennsylvania Department of Environmental Protection ("PADEP").

- SPLP objects to Instruction No. 2, which states:

If you object to the scope or breadth of any of these discovery requests, you shall, to the extent possible, respond to the request not withstanding its objection.

SPLP objects to this request because it is inconsistent with the Commission's regulations which do not require a part to respond to a request to which it has objected. 52 Pa. Code § 5.342(c)(1).

Response to Objections:

Complainants' Instructions and Definitions are not broader than what is required or permitted by either this Commission's regulations or the Pennsylvania Rules of Civil Procedure. Moreover, Sunoco has conspicuously failed to explain how the Instructions or Definitions violate any particular rule.

By way of illustration, Sunoco claims that "Definition E defines 'Document' in a manner which is unreasonably burdensome, and seeks information that is privileged, irrelevant, immaterial, and not likely to lead to the discovery of admissible evidence." (Objections at 5). Definition F, however, only half an inch farther down, excludes privileged documents but asks Sunoco to furnish a privilege log.

As regards relevance, not one word or line in Definition E imposes an obligation to furnish information that is irrelevant or immaterial. Nothing in the definition has a bearing on the question of admissibility either.

The proof of the pudding as regards this set of objections is that Sunoco does not identify even one, single piece of Definition D that is objectionable. Is Respondent claiming that photographs and charts should not be considered discoverable records of documents? How about electronic records?

Respondent's objections to interrogatories are similarly frivolous, and to the extent they warrant any response, are best addressed in the context of the objections to specific interrogatories. Complainants do so below.

II. Objections to Individual Interrogatories

A. Objections to Interrogatories 1 - 7

Interrogatories 1 - 7

Subsidence Events

1. Identify all records in your possession, custody or control that relate in part or in whole to the Subsidence Events as defined above in Definition P.
2. Identify the specific location of each such Subsidence Event listed in response to No. 1 above.
3. Identify when and how Sunoco first learned of each Subsidence Event identified in the answer to No. 1 above.
4. Identify who, if anyone, Sunoco notified about each Subsidence Event identified in the answer to No. 1 above.
5. With respect to your answer to No. 1 above, state when such notice of a Subsidence Event was given.
6. Identify what testing or studies were done to determine the cause(s) of each of the Subsidence Events identified in your answer to No. 1 above.
7. Identify any mitigating action taken in relation to the Subsidence Events identified in your answer to No. 1 above.

Sunoco's Objections

SPLP objects to Interrogatories Nos. 1-7 because they seek information that is overbroad and unduly burdensome. Pursuant to 52 Pa. Code § 5.321(c), a party may obtain discovery of any matter not privileged that is relevant to a pending proceeding and that is reasonably calculated to lead to the discovery of admissible evidence. *Id.* The requests in Flynn Complainants Set 2, Nos. 1-7, is not reasonably tailored to lead to the discovery of relevant evidence and is unduly burdensome and overbroad because it requests "all records" which is likewise defined overbroadly. It is also unlimited in time frame and inquires into matters that are beyond the issues related to Mariner East 1, Mariner East 2, Mariner East 2X, or the 12-inch pipeline.

As Flynn Complainants are aware, subsidence is a naturally-occurring phenomena that is well-documented as occurring in various locations throughout Chester County. Subsidence events occur in Chester and Delaware Counties, elsewhere in the Commonwealth of Pennsylvania, and beyond, and such events are completely unrelated to the Mariner East pipelines. Furthermore, information regarding subsidence events in Chester and Delaware Counties is available in the public domain or is otherwise equally accessible to the Flynn Complainants. This request for "all records" for an undefined period of time and scope is therefore a fishing expedition that is not reasonably tailored to discover admissible evidence. *See, e.g., City of York v. Pa. P.U.C.*, 281 A.2d 261, 265 (Pa. Cmwlth. 1971) ("Anything in the nature of a mere fishing expedition is not to be encouraged. Where the plaintiff will swear that some specific book contains material or important evidence, and sufficiently describes and identifies what he wants, it is proper that he should have it produced. But this does not entitle him to have brought in a mass of books and papers in order that he may search them through to gather evidence.") (*quoting American Car & Foundry Co. v. Alexandria Water Co.*, 70 A.867, 869 (Pa. Super. 1908)).

To the extent that Flynn Complainants would agree to a more limited and narrowly-tailored scope of information request – such as a list of the construction locations where subsidence has occurred in Chester and Delaware Counties in proximity to the Mariner East 1, 12-inch pipeline,

Mariner East 2, and Mariner East 2X pipelines during the time period when construction of Mariner East 2 and 2X pipelines was occurring (i.e. February 2017 to the present) – SPLP would be willing to respond to Interrogatories Nos. 1-7 by providing such a list. But, the remainder of Interrogatories Nos. 1-7 as written are overbroad, unduly burdensome and beyond the bounds of discovery established by the Commission's Rules.

Response to Objections

Nos. 1 -7 concern subsidence events. The interrogatories correspond to Interrogatories Nos. 105 -112 in Flynn's First Interrogatories. Sunoco previously objected to those interrogatories based on overbreadth, relevance and undue burden.

Judge Barnes in her June 6, 2019 discovery order ruled that the interrogatories must be answered within ten days but limited the answers to events in Chester and Delaware Counties. (Order at 28). Almost three months later, Respondent had not answered the interrogatories and Complainants filed their Motion for Sanctions. In response to that, Sunoco contended that there were no sinkholes, only "subsidence" events, despite the fact that I&E uses the term "sinkholes."

The ALJ clearly ruled in her sanctions order of October 21, 2019 that Flynn Complainants could re-ask the question but refer instead to subsidence events. Complainants did that and now Sunoco objects, once again, that the interrogatories are overbroad and burdensome.

Judge Barnes has ruled already. If the two previous discovery orders are to mean anything, Sunoco should be required to serve full and complete answers to these interrogatories. Moreover, during the first two days of lay testimony, Flynn Complainants gave evidence both as to sinkholes and water contamination and Judge Barnes permitted it.

Sunoco's offer to provide a list of events does not even begin to answer these relevant interrogatories.

B. Objections to Nos. 14 and 15

Complainants agree that Interrogatories 14 and 15 should not have been included and need not be answered.

C. Objections to Nos. 16 and 17

Nos. 16 and 17

Pipeline Siting

16. Identify all writings, drawings, graphs, charts, photographs, computer records, emails, other electronically stored information and other compilations of data that reflect planning at the administrative and executive levels for the siting of The Mariner East 2 and 2X pipelines in Chester and Delaware counties.

17. Identify all writings, drawings, graphs, charts, photographs, computer records, emails, other electronically stored information and other compilations of data that reflect planning at the administrative and executive levels for the transportation of HVLs via the 8-inch Mariner East 1 pipeline through Chester and Delaware Counties.

Objections

C. OBJECTION TO FLYNN COMPLAINANTS SET 2, NOS. 16 and 17

Flynn Complainants Set 2, Nos. 16 and 17 state:

16. Identify all writings, drawings, graphs, charts, photographs, computer records, emails, other electronically stored information and other compilations of data that reflect planning at the administrative and executive levels for the siting of the Mariner East 2 and 2X pipelines in Chester and Delaware counties.
17. Identify all writings, drawings, graphs, charts, photographs, computer records, emails, other electronically stored information and other compilations of data that reflect planning at the administrative and executive levels for the transportation of HVLs via the 8-inch Mariner East 1 pipeline through Chester and Delaware Counties.

SPLP objects to Flynn Complainants Set 2, Interrogatories Nos. 16 and 17 on the basis that they seek the same information as was previously requested in the Flynn Complainants'.

Interrogatories Set 1, Nos. 165-166, which are as follows:

165. Identify all records reflecting planning for the location of the ME pipelines in Chester and Delaware Counties
166. Identify all records reflecting planning for transportation of HVLs through Chester and Delaware Counties

SPLP objected to the Flynn Complainants' Interrogatories Set 1, Nos. 165-166 on the basis that they were overbroad and unduly burdensome, and those objections were subject to a Motion to Compel before ALJ Barnes. ALJ Barnes sustained SPLP's objections that the requests were overbroad and unduly burdensome, and ruled in the June 6, 2019 Order that SPLP "produce a detailed explanation of its Mariner East Project planning process from its inception in siting locations for the pipelines, valves, compressor stations, and pumping stations in Chester and Delaware Counties." See June 6, 2019 Order at 34 and Ordering Paragraphs 18-19. In accordance with the directive of the June 6, 2019 Order, SPLP responded by producing documents Bates Nos. SPLP00005786-5891 and SPLP00006922-7000, which comprised of transcripts of previous testimony before the Commission that included detailed explanations of the planning process for the Mariner East pipelines. The Flynn Complainants took issue with SPLP's response and production of the documents and filed a Motion for Sanctions. On October 21, 2019, ALJ Barnes ruled upon that Motion for Sanctions by Order³ that recognized SPLP had produced documents responsive to the interrogatories and ordering SPLP to ensure that the electronic link to the Share File for the document production remained accessible. SPLP complied and has ensured the link for electronic access of the documents, remains live and active – in fact it always was active as demonstrate by the Flynn Complainants' counsel and others continually accessing the Share File for the past several months. Flynn Complaints Interrogatories Set 2, Nos. 16 and 17 are therefore improper, duplicative, and unduly burdensome, as they seek information and documents that SPLP has already objected to, been ruled upon by ALJ Barnes, and to which SPLP has already responded to and produced responsive documents.

Responses to Objections

These interrogatories correspond to Nos. 165 and 166 in the First Interrogatories. In the Order of June 6, 2019, Judge Barnes directed Sunoco to produce a “detailed explanation of the Mariner East Project planning process from inception...” (Order at 34).

When Sunoco failed to provide an explanation, Flynn Complainants moved for sanctions. The ALJ agreed in her sanctions order of October 21st that the identification of certain materials complied with her order for a “detailed explanation.”

The judge, however, went on to note that “Complainants request documents at an administrative or executive level....Flynn Complainants are free to serve further interrogatories on this issue.” (Order at 4). Interrogatories 16 and 17 of the Second Interrogatories explicitly sought information and documents created at the administrative and executive levels.

Sunoco now claims these requests are overly broad, burdensome and duplicative. Complainants disagree.

Flynn Complainants are looking for documents that reflect planning at the highest levels of the company for siting of the Mariner East pipelines and HVL operations in Chester and Delaware Counties only. The Second Amended Complaint alleges that the siting is improper. The scope of the request is limited to two counties. The time frame probably goes back less than a dozen years. These requests are not overbroad or burdensome.

The information sought is not by any means duplicative. None of this information has been found in more than 32,000 pages of papers supplied to date. Indeed, it would appear that Sunoco has taken great pains to remove any such materials from document production in order to prevent Complainants from obtaining it.

Flynn Complainants believe they are entitled to all such requested documents.

D. Objections to No. 20

No. 20

20. Identify all leak, puncture and rupture incidents for the 8-inch and 12-inch Mariner lines that were related to corrosion.

Sunoco's Objections

SPLP objects to Flynn Complaints Interrogatories Set 2, No. 20 on the basis that it seeks the same information as was previously requested in the Flynn Complainants' Set 1, Interrogatories Nos. 113-115, which are as follows:

- 113. Identify all leaks, punctures and ruptures that have occurred.
- 114. Identify all leaks, punctures and ruptures that have occurred on the 12 inch line.
- 115. Identify all leaks, punctures and ruptures that have occurred on the workarround pipeline.

SPLP objected to the Flynn Complainants' Interrogatories Set 1, Nos. 113-115 on the basis that they were overbroad and unduly burdensome, and those objections were subject to a Motion to Compel before ALJ Barnes. ALJ Barnes sustained SPLP's objections that the requests were overbroad and unduly burdensome, agreed with SPLP's offer to compromise by producing PHMSA incident reports dating back to 1986, and ruled in the June 6, 2019 Order that SPLP answer the interrogatories as modified by providing such reports from January 1, 1986 forward. *See* June 6, 2019 Order at 30 and Ordering Paragraph 13. Pursuant to the June 6, 2019 Order, SPLP produced responsive documents that consisted of available PHMSA incident reports for the

Mariner East 1 and 12-inch pipelines, Bates Nos. SPLP00005715-5785, and which identify the apparent cause of the reported incident, which include whether the apparent cause was corrosion. See e.g., SPLP00005715-5720 (including Section.H-Apparent Cause, and subset H1-Corrosion, sub-subsets external corrosion or internal corrosion). Flynn Complaints Interrogatories Set 2, No. 20 is therefore improper, duplicative, and unduly burdensome, as it seeks information and documents that SPLP has already responded to and produced.

Response to Objection

Complainants previously asked for documents reflecting leaks on the 8-inch and 12-inch pipelines. The ALJ directed that documents dating back to 1986 be produced.

In the Second Interrogatories Flynn Complainants seek the identification and production of a much smaller subset: leaks, puncture and rupture incidents related to corrosion. This information should be quickly accessible to Sunoco and if it is not – if Sunoco does not have accurate and accessible records relating to the causes of previous leaks—that is additional reason for concern.

E. Objections to No. 22

No. 22

22. Identify all procedures, inspections, data collection processes and reports that are specified in Sunoco's integrity management manual.

Sunoco's Objections

SPLP objects to Flynn Complaints Interrogatories Set 2, No. 22 on the basis that it seeks the same information as was previously requested in the Flynn Complainants' Set 1, Interrogatories Nos. 11-12, 163-164, which are as follows:

11. You state that your pipeline integrity management program ("PIMP") "continues to function in compliance with the law." Identify each statute and regulation of which you are aware that sets out PIMP requirements.
12. With reference to your answer to No. 11 above, explain how you are in compliance with each such statute and regulation.
163. What is your understanding of the term "pipeline integrity management program" ("PIMP") in relation to pipelines?
164. Identify all documents in which your PIMP is found.

SPLP objected to the Flynn Complainants' Interrogatories Set 1, Nos. 11-12 and 163-164 on the basis that they were overbroad and unduly burdensome, and those objections were subject to a Motion to Compel before ALJ Barnes. ALJ Barnes sustained SPLP's objections that the requests were overbroad and unduly burdensome and ruled in the June 6, 2019 Order that SPLP produce its integrity management plans. *See* June 6, 2019 Order at 11 and 32, and Ordering Paragraphs 9 and 16. Pursuant to the June 6, 2019 Order, SPLP produced its Integrity Management Plan, Bates Nos. SPLP00007034-7161, which was designated as "Extremely Sensitive Materials" in accordance with the terms of the Amended Protective Order. Counsel for Flynn Complainants and their designated expert witness have already accessed and reviewed the Integrity Management Plan which contains the information sought in this Interrogatory. Flynn Complaints Interrogatories Set 2, No. 22 is therefore improper, duplicative, and unduly burdensome, as it seeks information and documents that SPLP has already responded to and produced.

Response to Objections

This objection is another example of Sunoco suggesting apples and oranges are the same; they are not. The identification of procedures and reports specified in Sunoco's integrity management manual is not the same as identifying laws and regulations; it is not the same as explaining the term "pipeline integrity management program;" and it is not the same as simply identifying documents in which the program is to be found.

No. 22 has not previously been asked. The judge has not ruled on it. To suggest otherwise is misleading (at best).

Sunoco has produced only a portion of its integrity management plan, and that was produced in an "eyes-only" review on August 9, 2019. Complainants' expert, Dr. Zee, and attorney Richard Raiders (formerly a pipeline engineer), have noted the absence of probably hundreds of pages of material from that document production.

The missing pages are not only relevant but they are important for Dr. Zee's team to complete their work. Hence, Interrogatory No. 22 seeks that information.

F. Objections to Nos. 23 - 43

Nos. 23 - 43

Well Contamination Events

23. Identify each and every well contamination event of which you are aware in connection with drilling for the Mariner East pipelines. For each such event, furnish the following information: date, location, and a brief description of what happened.

24. For each event identified in your answer to No. 23 above, identify all documents in your possession, custody or control that you furnished to state or federal authorities that describe the event.

25. For each event identified in your answer to No. 23 above, identify all documents (including laboratory reports) in your possession, custody or control that set forth the results of your investigation, or anyone else's investigation, of the event.

26. Identify each and every communication between Sunoco and residential property owners who were affected by well contamination events.
27. Prior to commencement of drilling for the Mariner East lines in Chester and Delaware Counties, was Sunoco aware that there was a risk of negative impacts to private water wells from the drilling activities?
28. Identify all documents in your possession, custody or control reflecting your knowledge that that there was a risk of negative impacts to private water wells from the Mariner East drilling activities.
29. Identify all written communications from Sunoco to owners of private water wells in Chester and Delaware Counties in which you notified owners, prior to commencement of drilling, that there was a risk of negative impacts to private water wells from the Mariner East drilling activities.
30. Identify all written communications from Sunoco to owners of private water wells in Chester and Delaware Counties in which you notified owners, prior to execution of easements, that there was a risk of negative impacts to private water wells from the Mariner East drilling activities.
31. Identify all easement agreements with owners of private water wells in Chester and Delaware Counties in which you identified a risk of negative impacts to private water wells from the Mariner East drilling activities.
32. With respect to Fuller Exhibit 8, revised February 6, 2017 and admitted into evidence at the hearing on October 24, 2019, the document states in part in Section 5.0 that "Unanticipated encounters with contaminated soil may also threaten water resources and supplies." Was that statement true at the time?
33. With respect to Fuller Exhibit 8, revised February 6, 2017 and admitted into evidence at the hearing on October 24, 2019, the document states in part in Section 5.0 that "Private and public water supplies may be impacted by hazardous material spills during any of the project activities ..." Was that statement true at the time?
34. With respect to Fuller Exhibit 8, revised February 6, 2017 and admitted into evidence at the hearing on October 24, 2019, the document states in part in Section 5.2.1 that during the course of HDD drilling, pipeline fluid may enter "an existing fracture, fissure, or formation opening in the soil or rock substrate. When this happens... drilling fluid could enter the groundwater table that could be used by private groundwater wells." Was the information in Section 5.2.1 true at the time?
35. Explain why the information set out in Fuller Exhibit 8, noted in Interrogatories 32, 33 and 34 above, was not furnished to private well owners prior to their signing easement agreements.

36. Prior to execution of easement agreements, what information was given by Sunoco to property owners being asked to sign the agreements regarding (a) the characteristics of HVL's and (b) the fact the HVLs would be transported in Mariner East pipelines across their properties?

37. Identify any and all written communications from Sunoco to Rosemary and Gordon Fuller in which Sunoco unconditionally offered the Fullers public water connection at Sunoco's expense.

38. With respect to Fuller Exhibit 6, and admitted into evidence at the hearing on October 24, 2019, Sunoco employee on April 18, 2018 stated in a letter to the Department of Environmental Protection that "the best method to prevent impacts to private water supplies continues to be non-use of private wells within the 450 ft buffer surrounding the HDD profile during HDD activities." Was that statement true at the time?

39. Identify any and all written communications from Sunoco to private well owners in Chester and Delaware Counties advising them not to use private wells within the 450 ft buffer surrounding the HDD profile during HDD activities.

40. Identify all fracture lines known or believed by Sunoco to exist on the properties of private well owners in Chester and Delaware Counties on whose property there have been HDD activities.

41. Do you agree that Fuller Exhibit 7, admitted into evidence at the hearing on October 24, 2019, depicts a fracture trace line passing through the Fullers' property and past their well?

42. Sunoco's Inadvertent Return Assessment, Preparedness, Prevention and Contingency Plan (February 6, 2018) provides in Section 6.6 in pertinent part that, "If any impact to a private water supply attributable to pipeline construction is identified after post construction sampling, SPLP will restore or replace the impacted water supply to the satisfaction of the private water supply owner. See URL at:

<http://files.dep.state.pa.us/ProgramIntegration/PA%20Pipeline%20Portal/MarinerEastII/HDD%20Inadvertent%20Return%20Assessment%20Preparedness%20Prevention%20and%20Contingency%20Plan%20-%20revised%202-6-18.pd.pdf>

Sunoco's Pennsylvania Pipeline Project Operations Plan (January, 2018) provides in Section 4.3 in pertinent part that, "If any impact to a private water supply attributable to pipeline construction is identified after post construction sampling, SPLP will restore or replace the impacted water supply to the satisfaction of the private water supply owner." See URL at: http://files.dep.state.pa.us/ProgramIntegration/PA%20Pipeline%20Portal/MarinerEastII/Summary_of_Order/Para%209%20-%20Exhibit%20E%20-%20Operations%20Plan.pdf

Identify all written communications and other documents in your possession, custody or control that reflect your efforts to restore or replace Gordon and Rosemary Fuller's water supply to their satisfaction

43. Laboratory analyses of the Fullers' water indicate the existence of a contaminant identified as "undetermined". Identify each such contaminant.

Objections to Interrogatories

SPLP objects to Flynn Complaints Interrogatories Set 2, Nos. 23-43 on the basis that they do not seek information relevant to this proceeding or that could lead to the discovery of relevant and admissible evidence. Under 52 Pa. Code § 5.341(c), a party may propound interrogatories that relate to matters that can be inquired into under Section 5.321. Section 5.321(c), in turn, provides that a party is entitled to obtain discovery of any matter not privileged that is relevant to a pending proceeding and reasonably calculated to lead to the discovery of admissible evidence. 52 Pa. Code § 5.321(c). The requests are also unduly burdensome and overbroad because they request "all records," which interpreted literally could pertain to hundreds of thousands of documents. This request for all records is a fishing expedition and is not reasonably tailored to discover admissible evidence relevant to the Amended Complaint. *See, e.g., City of York v. Pa. P.U.C.*, 281 A.2d 261, 265 (Pa. Cmwlth. 1971).

Moreover, Flynn Complainants Interrogatories Set 2, Nos. 23-43 seek information regarding alleged contamination to private water wells during the construction of the Mariner East 2 and Mariner East 2X pipelines in general, and Complainant Rosemary Fuller's individual complaints regarding alleged impacts to her private water supply in particular. Alleged impacts to private water wells during the construction of Mariner East 2 and Mariner East 2X are not issues that were raised in the Flynn Complainant's Amended Complaint, nor are they a matter for which Flynn Complainants seek any form of relief through this action. Discovery requests on matters beyond the scope of the issues raised in a complaint before the Commission are irrelevant, improper, and beyond the scope of discovery allowed under the Commission's procedural rules. *See* 52 Pa. Code § 5.321(c) and § 5.361(a). SPLP also further objects to Interrogatories Set 2, Nos.

23-43 because they seek information outside of the Commission's jurisdiction and that is irrelevant to this proceeding. Issues related to alleged impacts to private water wells fall squarely within the jurisdiction of PADEP, SPLP's permits for the Mariner East 2 and Mariner East 2X construction have detailed and robust requirements and special conditions regarding private and public water supplies, and PADEP has been actively monitoring and enforcing SPLP's permit conditions and requirements related to water supply issues. Lastly, any alleged issues with Complainant Rosemary Fuller's individual complaints are a matter to be addressed by PADEP or pertain to a private party legal claim, either of which is beyond the scope of the Commission's jurisdiction.

Responses to Objections

These interrogatories relate to Sunoco's practice of contaminating the wells of the residents of Chester and Delaware Counties. The suggestion by Sunoco that this could require production of "hundreds of thousands of documents" (Objections at 17) is especially troublesome; if true, there is a lot more than meets the eye in what Sunoco has been doing to people's drinking water supplies.

The ALJ properly accepted testimony during the lay hearings on well contamination; it goes to issues of Sunoco's recklessness as a public utility. Flynn Complainants are presently in the process of developing expert testimony on hydrological issues.

There is nothing unusual in pleading practice for the court to allow pleadings to conform to the evidence. An important legal lynchpin of Complainants' case is 66 Pa.C.S. Section 1501, which requires Sunoco to run its pipelines in a safe, adequate and reasonable manner.

Flynn Complainants have already given evidence that Sunoco is nothing, if not reckless.

Information relative to Respondent's contamination of wells in Chester and Delaware Counties is relevant to claims under Section 1501. The objection that this issue is beyond the scope of the complaint, therefore, should not be sustained.

G. Objection to No. 44

No. 44

Additional Interrogatories

44. With respect to the event(s) involving the release of gasoline or other petroleum product(s) in the vicinity of the Tunbridge Apartment complex on or about Monday, November 11, 2019,

(a) Identify each and every product and the quantity of each such product that was released;

(b) Explain in detail the methods by which you determined the quantities of product that were released;

(c) Explain the cause(s) of the release(s);

(d) State how long the release(s) continued before it or they were stopped;

(e) Identify the area in which an odor was noticeable;

(f) Explain in detail the efforts you or your agents made to inform government officials of the existence of the leak(s), including without limitation officials from Delaware County Emergency Services, the Pennsylvania Public Utility Commission, the Pennsylvania Department of Environmental Protection, Middletown Township, Pennsylvania Fish & Boat Commission, and the U.S. Coast Guard;

(g) Explain in detail the efforts you or your agents made to inform the public contemporaneously what steps if any the public should take by way of precautions; and

(h) Explain in detail the efforts you or your agents made after the event was over to inform the public via written notice or public media as to what had occurred and what concerns the public should have under the circumstances.

(i) Identify all persons, including emergency responders, who experienced any health effects in connection with the release(s) and its or their sequelae;

(j) For each person identified in response to (h) above, explain how that person came to experience health effects.

(k) For each person identified in response to (h) above, set forth the extent of that person's health effects and the treatment that person received.

(l) Set forth a detailed timeline of the entire release event, for each event, including but not limited to time the release commenced, when Sunoco became aware of it, how Sunoco became aware of it, when Sunoco personnel were dispatched to the scene, when Sunoco personnel arrived at the scene, the time when Sunoco first spoke with Delaware County Emergency Services, when Delaware County first responders first arrived, when the release was contained.

Sunoco's Objections

SPLP objects to Flynn Complainants Interrogatories Set 2, No. 44 because it does not seek information relevant to this proceeding. Under 52 Pa. Code § 5.341(c), a party may propound interrogatories that relate to matters that can be inquired into under Section 5.321. Section 5.321(c), in turn, provides that a party is entitled to obtain discovery of any matter not privileged that is relevant to a pending proceeding and reasonably calculated to lead to the discovery of admissible evidence. 52 Pa. Code § 5.321(c).

The incident described in Flynn Complaints Interrogatories Set 2, No. 44 seeks information regarding an incident that occurred on November 11, 2019 on valve component for a pipeline that is not at issue in this litigation, and that carries gasoline and other refined petroleum products, such as diesel fuel, home heating oil, kerosene, and jet fuel – rather than an HVL transmission pipeline such as the Mariner East pipelines that are at issue in this proceeding. The incident that occurred on November 11, 2019 is not relevant to this proceeding, and therefore discovery regarding such matters is beyond the scope of discovery allowed under the Commission's procedural rules. *See* 52 Pa. Code § 5.321(c) and § 5.361(a).

Response to Objections

Sunoco already has produced Gregory Noll, an emergency services expert, to testify as to how well Sunoco handles pipeline emergencies. Flynn Complainants believe that Sunoco does not handle pipeline emergencies properly. Complainants believe that whether the liquids are gasoline, butane, propane, ethane, jet fuel, or other petroleum products, Sunoco can be counted on to be reckless in the event of an accident.

It is Complainants' contention, therefore, that it is reasonable to believe that if Sunoco puts the public at risk in handling non-HVL emergencies, it also is likely to put the public at risk

in HVL emergencies. Flynn Complainants intend to put on expert emergency services testimony that Sunoco is reckless in all kinds of pipeline related emergencies.

Interrogatory No. 44 seeks information on a recent incident at the Tunbridge Apartments in Middletown, Delaware County, when gasoline leaked and the public as well as emergency responders were not timely notified. The interrogatory seeks information on the protocol that was followed or not followed in connection with that event.

III. Objections to Individual Document Requests

Document Requests


You are directed to produce the following documents:

1. All documents identified in your answers to Complainants' Second Interrogatories Addressed to Sunoco Pipeline, L.P.
2. All documents known or believed by you to contain information related in whole or in part to your answers to Complainants' Second Interrogatories Addressed to Sunoco Pipeline, L.P.
3. All documents you have relied upon in whole or in part in furnishing answers to Complainants' Second Interrogatories Addressed to Sunoco Pipeline, L.P.

Flynn Complainants hereby incorporate by reference their responses to Sunoco's second interrogatories and hereby request that the objections to the corresponding document requests be overruled.

Respectfully submitted,

PINNOLA & BOMSTEIN



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Pinnola & Bomstein

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Philadelphia, PA 19110

Tel.: (215) 592-8383

Attorney for Complainants

Attachment C



**ACCIDENT REPORT –
HAZARDOUS LIQUID PIPELINE
SYSTEMS**

Original
Report Date

March 22, 2002

U.S. Department of Transportation
Pipeline and Hazardous Materials
Safety Administration

Report format corresponds to
Form PHMSA F 7000-1 (01-2001)

No.

20020438 - 700

PART A – GENERAL INFORMATION

| N | Original Report | Y | Supplemental Report | Y | Final Report |
|--|-----------------|---|---|-----------|--------------|
| Last Revision Date | | | 09/23/2002 | | |
| 1. Operator Name and Address | | | | | |
| a. Operator's 5-digit Identification Number | | | 18718 | | |
| b. If Operator does not own the pipeline, enter Owner's OPS 5-digit Identification Number (if known) | | | | | |
| c. Name of Operator | | | SUNOCO PIPELINE L.P. | | |
| d. Operator street address | | | 1874 HORSESHOE PIKE | | |
| e. Operator address | | | City HONEY BROOK | | |
| | | | County or Parish CHESTER | | |
| | | | State PA | | |
| | | | Zip code 19344-8500 | | |
| 2. Time and date of the accident | | | | | |
| Hour | | | 16:00 | | |
| Date of the accident | | | 02/21/2002 | | |
| 3. Location of accident | | | | | |
| a. Latitude | | | N 39 51.97 | | |
| Longitude | | | W 75 18.73 | | |
| b. City | | | TINICUM | | |
| County or Parish | | | DELAWARE | | |
| c. State | | | PA | | |
| Zip Code | | | 19029 | | |
| d. Mile Post/Valve Station | | | | | |
| Survey Station No | | | 344+10 | | |
| 4. Telephone Report | | | | | |
| NRC Report Number | | | 594688 | | |
| Date | | | | | |
| 5. Losses (Estimated) | | | | | |
| Public/Community Losses reimbursed by operator | | | | | |
| Public/private property damage | | | \$ | 50,000 | |
| Cost of emergency response phase | | | \$ | 500,000 | |
| Cost of environmental remediation | | | \$ | 500,000 | |
| Other Costs | | | \$ | 0 | |
| Describe | | | | | |
| Operator Losses | | | | | |
| Value of product lost | | | \$ | 10,000 | |
| Value of operator property damage | | | \$ | 1,000,000 | |
| Other Costs | | | \$ | 0 | |
| Describe | | | | | |
| Total Costs | | | \$ | 2,060,000 | |
| 6. Commodity Spilled | | | | | |
| Commodity spilled (yes/no) | | | Y | | |
| a. Name of commodity spilled | | | MIXED PETROLEUM PRODUCTS | | |
| b. Classification of commodity spilled | | | GASOLINE, DIESEL, FUEL OIL OR OTHER PETROLEUM PRODUCT WHICH IS A LIQUID AT AMBIENT CONDITIONS | | |
| c. Estimated amount of commodity involved | | | | | |
| Unit of Measure | | | BARRELS | | |
| Amount Spilled | | | 357.00 | | |
| Amount Recovered | | | 310.00 | | |
| CAUSES FOR SMALL SPILLS | | | NO DATA | | |
| PART B – PREPARER AND AUTHORIZED SIGNATURE | | | | | |


| | | | |
|---|-----|---|------|
| Preparer's Name | | DAVID B. MEADOWS | |
| Area Code and Telephone Number | | 6109421924 | |
| Preparer's E-mail Address | | DAVID_B_MEADOWS@SUNOIL.COM | |
| Area Code and Facsimile Number | | 6109421917 | |
| PART C – ORIGIN OF THE ACCIDENT | | | |
| 1. Additional location information | | | |
| a. Line segment name or ID | | 12 | |
| b. Accident on Federal Land other than Outer Continental Shelf | | NO | |
| c. Is pipeline Interstate | | Y | |
| Offshore | | N | |
| d. Area | | | |
| Block # | | | |
| State | | | |
| Outer Continental Shelf | | | |
| 2. Location of system involved | | | |
| Operator's Property | | NO | |
| Pipeline Right of Way | | Y | |
| High Consequence Area (HCA) | | Y | |
| Describe HCA | | HIGH POP, ECO USA & CNW | |
| 3. Part of system involved in accident | | ONSHORE PIPELINE, INCLUDING VALVE SITES | |
| Other (specify) | | | |
| If failure occurred on Pipeline, complete items a-g | | | |
| a. Leak or Rupture | | OTHER | |
| Type of Leak | | | |
| - Puncture, diameter (<i>inches</i>) | | | |
| Type of Rupture | | | |
| - Tear/Crack, length (<i>inches</i>) | | | |
| - Propagation Length, total, both sides (<i>feet</i>) | | | |
| Other (specify) | | | |
| b. Type of block valve used for isolation immediate section | | | |
| Upstream | | | |
| Manual | | YES | |
| Automatic | | NO | |
| Remote Control | | NO | |
| Check Valve | | NO | |
| Downstream | | | |
| Manual | | YES | |
| Automatic | | NO | |
| Remote Control | | NO | |
| Check Valve | | NO | |
| c. Length of segment isolated (ft) | | 7000 | |
| d. Distance between valves (ft) | | 7000 | |
| e. Is segment configured for internal inspection tools? | | YES | |
| f. Had there been an in-line inspection device run at the point of failure? | | YES | |
| g. If Yes, type of device run | | | |
| High Resolution Magnetic Flux tool | YES | Year run | 2001 |
| Low Resolution Magnetic Flux tool | NO | Year run | |
| UT tool | NO | Year run | |
| Geometry tool | YES | Year run | 2001 |
| Caliper tool | NO | Year run | |
| Crack tool | NO | Year run | |
| Hard Spot tool | NO | Year run | |
| Other tool | NO | Year run | |
| 4. Failure occurred on | | BODY OF PIPE | |
| Other (specify) | | | |
| Year the component that failed was installed | | 1937 | |
| 5. Maximum operating pressure (MOP) | | | |

| | | |
|---|-----------------------|-----------------|
| a. Estimated pressure at point and time of accident (PSIG) | 290 | |
| b. MOP at time of accident (PSIG) | 1100.00 | |
| c. Did an over pressurization occur relating to the accident? | N | |
| PART D - MATERIAL SPECIFICATION | | |
| 1. Nominal pipe size (NPS) (inches) | 12 | |
| 2. Wall thickness (inches) | 375 | |
| 3. Specification | UNKNOWN | |
| | SMYS 35000 | |
| 4. Seam type | SEAMLESS | |
| 5. Valve type | NA | |
| 6. Manufactured by | UNKNOWN | |
| | in year 1937 | |
| PART E - ENVIRONMENT | | |
| 1. Area of accident | UNDER PAVEMENT | |
| Other (specify) | | |
| 2. Depth of cover (inches) | 144 | |
| PART F - CONSEQUENCES | | |
| 1. Consequences | Fatalities | Injuries |
| a. Number of operator employees | 0 | 0 |
| Contractor employees working for operator | 0 | 0 |
| General public | 0 | 0 |
| Totals | 0 | 0 |
| b. Was pipeline/segment shutdown due to leak? | Y | |
| If Yes, how long? | Days | 4 |
| | Hours | 15 |
| | Minutes | 50 |
| c. Product ignited | Gas did not Ignite | |
| d. Explosion | NO EXPLOSION | |
| e. Evacuation (<i>general public only</i>) | N | |
| | Number of people | |
| | Reason for Evacuation | |
| f. Elapsed time until area was made safe | Hours | 0 |
| | Minutes | 0 |
| 2. Environmental Impact | | |
| a. Wildlife Impact | | |
| Fish/aquatic | N | |
| Birds | N | |
| Terrestrial | N | |
| b. Soil Contamination | Y | |
| If Yes, estimated number of cubic yards | 3700 | |
| c. Long term impact assessment performed | N | |
| d. Anticipated remediation | Y | |
| If Yes, check all that apply | | |
| Surface Water | N | |
| Groundwater | Y | |
| Soil | Y | |
| Vegetation | N | |
| Wildlife | N | |
| e. Water Contamination | Y | |
| Amount in water (barrels) | 357 | |
| Ocean/Seawater | N | |
| Surface | N | |
| Groundwater | Y | |
| Drinking water | N | |
| Drinking water source | | |
| PART G - LEAK DETECTION INFORMATION | | |
| 1. Computer based leak detection capability in place? | Y | |
| 2. Was the release initially detected by? | A THIRD PARTY | |
| Other (specify) | | |

| | | |
|--|--------|-------------------------|
| 3. Estimated leak duration | Days | |
| | Hours | |
| PART H – APPARENT CAUSE | | |
| H1 – CORROSION | | |
| 1. External Corrosion | | Yes |
| 2. Internal Corrosion | | |
| Complete items a-e where applicable | | |
| a. Pipe Coating | | COATED |
| b. Visual Examination | | OTHER |
| Other (specify) | | UNKNOWN |
| c. Cause of Corrosion | | OTHER |
| Other (specify) | | EXACT MECHANISM UNKNOWN |
| d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering accident? | | Y |
| Year Protection Started | | 1965 |
| e. Was pipe previously damaged in the area of corrosion? | | N |
| Estimated time prior to accident | Years | |
| | Months | |
| H2 – NATURAL FORCES | | |
| 3. Earth Movement | | |
| Description | | |
| Other (specify) | | |
| 4. Lightning | | |
| 5. Heavy Rains/Floods | | |
| Description | | |
| Other (specify) | | |
| 6. Temperature | | |
| Description | | |
| Other (specify) | | |
| 7. High Winds | | |
| H3 – EXCAVATION DAMAGE | | |
| 8. Operator Excavation Damage (including their contractors / Not Third Party) | | |
| 9. Third Party | | |
| a. Excavator group | | |
| b. Type | | |
| Other (specify) | | |
| c. Excavation was | | |
| d. Excavation was ongoing activity (Month or longer) | | |
| If Yes, Date of last contact | | |
| e. Did operator get prior notification of excavation activity? | | |
| If Yes; Date received | | null |
| Notification received from | | |
| f. Was pipeline marked? | | |
| i. Temporary markings | | |
| ii. Permanent markings | | |
| iii. Marks were | | |
| iv. Were marks made within required time? | | |
| H4 – OTHER OUTSIDE FORCE DAMAGE | | |
| 10. Fire/Explosion as primary cause of failure | | |
| Fire/Explosion cause | | |
| 11. Car, truck or other vehicle not relating to excavation activity damaging pipe | | |
| 12. Rupture of Previously Damaged Pipe | | |
| 13. Vandalism | | |
| H5 – MATERIAL AND/OR WELD FAILURES | | |
| Material | | |
| 14. Body of Pipe | | |
| Description | | |

| | |
|--|---------|
| Other (specify) | |
| 15. Component | |
| Description | |
| Other (specify) | |
| 16. Joint | |
| Description | |
| Other (specify) | |
| Weld | |
| 17. Butt | |
| Description | |
| Other (specify) | |
| 18. Fillet | |
| Description | |
| Other (specify) | |
| 19. Pipe Seam | |
| Description | |
| Other (specify) | |
| Complete a-g if you indicate any cause in part H5 | |
| a. Type of failure | |
| Construction Defect | NO DATA |
| Description | |
| Material Defect | NO DATA |
| b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? | |
| c. Was part which leaked pressure tested before accident occurred? | |
| d. Date of test | |
| Year | |
| Month | |
| Day | |
| e. Test medium | |
| Other (specify) | |
| f. Time held at test pressure (hr) | |
| g. Estimated test pressure at point of incident (PSIG) | |
| H6 – EQUIPMENT | |
| 20. Malfunction of Control/Relief Equipment | |
| Description | |
| Other (specify) | |
| 21. Threads Stripped, Broken Pipe Coupling | |
| Description | |
| Other (specify) | |
| 22. Seal Failure | |
| Description | |
| Other (specify) | |
| H7 – INCORRECT OPERATION | |
| 23. Incorrect Operation | |
| a. Type | |
| Other (specify) | |
| b. Number of employees involved who failed a post-accident test | |
| Drug test | |
| Alcohol test | |
| H8 - OTHER | |
| 24. Miscellaneous | |
| Describe | |
| 25. Unknown | |
| Describe | |
| PART I – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT | |
| COMPLAINT OF ODORS BY PROPERTY OWNER LED TO INTEGRITY TESTING AND EXCAVATION ALONG A PARALLEL SECTION OF 8-INCH AND 12-INCH PETROLEUM PRODUCT LINES. THIS INVESTIGATION RESULTED IN DETERMINATION THAT 12-INCH LINE WAS LEAKING ADJACENT TO COMMERCIAL BUSINESS (HOTEL). NO EVACUATIONS WERE NECESSARY. RESPONSE WAS | |

LIMITED TO LOCAL FIRE DEPARTMENT AND TOWNSHIP OFFICIALS. PA DEP, US COAST GUARD, US FISH & WILDLIFE AND OPS HAVE MADE ON-SITE INSPECTIONS OF THE LEAK LOCATION. NO IMPACT TO DARBY CREEK IS EVIDENT. THE ROOT CAUSE OF THIS FAILURE CAN NOT CONCLUSIVELY BE DETERMINED SINCE THE FAILED SECTION OF PIPELINE CAN NOT BE RETRIEVED BECAUSE OF THE RISK OF DAMAGING AN ADJACENT BUILDING DUE TO ITS CLOSE PROXIMITY TO THE PIPELINE. THE PIPELINE SECTION AT THE LEAK IS APPROXIMATELY 12 FEET DEEP FOR A CROSSING OF DARBY CREEK. THE PIPELINE HAD ILI BY A HIGH-RESOLUTION ULTRASONIC PIG DEVICE IN OCTOBER 2001 WITH REPORT BEING RECEIVED IN JANUARY 2002. THE SECTION OF LINE THAT LEAKED HAD A REPORTED FEATURE AND WAS SCHEDULED TO BE FIELD INVESTIGATED AFTER THE DISCOVERY OF THE LEAK. IN ORDER TO GATHER ADDITIONAL INFORMATION ABOUT THE FAILED SECTION OF PIPE, A VIDEO CAMERA WAS RUN INSIDE THE FAILED PIPE SECTION TO LOCATE AND EXAMINE THE FAILURE LOCATION. THIS INTERNAL VIDEO INSPECTION CONFIRMED THE LOCATION OF THE LEAK AS BEING THE SAME LOCATION AS THAT REPORT BY THE ILI. BASED ON THE AVAILABLE INFORMATION, THE LEAK APPEARS TO BE CORROSION RELATED, EXACT CAUSE UNKNOWN.



U.S. Department of Transportation
Research and Special Programs
Administration

ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE SYSTEMS

Report Date Dec 23, 2008

No. 20080376 -- 1370€
(DOT Use Only)

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the Office Of Pipeline Safety Web Page at <http://ops.dot.gov>.

PART A – GENERAL REPORT INFORMATION

Check one or more boxes as appropriate:

☐ Original Report ☒ Supplemental Report ☒ Final Report

1. a. Operator's OPS 5-digit Identification Number (if known) / 18718 /
 2. b. If Operator does not own the pipeline, enter Owner's OPS 5-digit Identification Number (if known) / _____ /
 c. Name of Operator SUNOCO PIPELINE L.P.
 d. Operator street address 1874 HORSESHOE PIKE
 e. Operator address HONEY BROOK CHESTER PA 19344-8500
 City, County, State and Zip Code

IMPORTANT: IF THE SPILL IS SMALL, THAT IS, THE AMOUNT IS AT LEAST 5 GALLONS BUT IS LESS THAN 5 BARRELS, COMPLETE THIS PAGE ONLY, UNLESS THE SPILL IS TO WATER AS DESCRIBED IN 49 CFR §195.52(A)(4) OR IS OTHERWISE REPORTABLE UNDER §195.50 AS REVISED IN CY 2001.

2. Time and date of the accident
- 1 918 1 1 11 1 1 25 1 1 2008 1
hr. month day year
3. Location of accident
(If offshore, do not complete a through d. See Part C.1)
- a. Latitude: 40.4223 Longitude: -79.6635
(if not available, see instructions for how to provide specific location)
- b. MURRYSVILLE WESTMORELAND
City, and County or Parish
- c. PA 15668
State and Zip Code
- d. Mile post/valve station ☐ or survey station no. ☒
(whichever gives more accurate location)
- 10681+00
4. Telephone report
- 1 890933 1 1 11 1 1 25 1 1 2008 1
NRC Report Number month day year

5. Losses (Estimated)

Public/Community Losses reimbursed by operator:

| | | |
|--------------------------------|----|---------------|
| Public/private property damage | \$ | <u>245000</u> |
|--------------------------------|----|---------------|

Cost of emergency response phase \$ 222500

Cost of environmental remediation \$ 0

Other Costs \$ 0

(describe)

Operator Losses:

| | | |
|-----------------------|----|--------------|
| Value of product lost | \$ | <u>14000</u> |
|-----------------------|----|--------------|

| | | |
|-----------------------------------|----|-------|
| Value of operator property damage | \$ | 71500 |
|-----------------------------------|----|-------|

| | |
|-------------|------------|
| Other Costs | \$ 571 000 |
|-------------|------------|

(describe) EMER RESP & ENVIR REMEDIAT

| | | |
|-------------|----|---------|
| Total Costs | \$ | 1124000 |
|-------------|----|---------|

6. Commodity Spilled ☒ Yes ☐ No
(If Yes, complete Parts a through c where applicable)
- a. Name of commodity spilled GASOLINE
- b. Classification of commodity spilled:
- ☐ HVLs / other flammable or toxic fluid which is a gas at ambient conditions
- ☐ CO₂ or other non-flammable, non-toxic fluid which is a gas at ambient conditions
- ☒ Gasoline, diesel, fuel oil or other petroleum product which is a liquid at ambient conditions
- ☐ Crude oil

| | |
|---|--|
| c. Estimated amount of commodity involved : | |
|---|--|

- ☐ Barrels
☐ Gallons (check only if spill is less than one barrel)

Amounts:

Spilled : 280

Recovered: 120

CAUSES FOR SMALL SPILLS ONLY (5 gallons to under 5 barrels) :

(For large spills [5 barrels or greater] see Part H)

- ☐ Corrosion ☐ Natural Forces ☐ Excavation Damage ☐ Other Outside Force Damage
☐ Material and/or Weld Failures ☐ Equipment ☐ Incorrect Operation ☐ Other

PART B – PREPARER AND AUTHORIZED SIGNATURE

CLAUDIA PANKOWSKI
(type or print) Preparer's Name and Title

(610) 942-1924
Area Code and Telephone Number

CMPANKOWSKI@SUNOCOLOGISTICS.COM
Preparer's E-mail Address

(610) 942-1910
Area Code and Facsimile Number

Authorized Signature _____ (type or print) Name and Title _____

| Date | Area Code and Telephone Number |
|------|--------------------------------|
|------|--------------------------------|

Form RSPA F 7000-1 (01-2001)

Page 1 of 4

OPS Data Facsimile

| PART C – ORIGIN OF THE ACCIDENT (Check all that apply) | | | | | | | | | | | | | | | | |
|--|---|----------|------------|----------|-------------------------------|----------|----------|--|----------|----------|-----------------|----------|----------|----------------|----------|----------|
| <p>1. Additional location information</p> <p>a. Line segment name or ID MONTELLO-PITTSBUR</p> <p>b. Accident on Federal land other than Outer Continental Shelf <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>c. Is pipeline interstate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Location of system involved (check all that apply)</p> <p><input type="checkbox"/> Operator's Property</p> <p><input checked="" type="checkbox"/> Pipeline Right of Way</p> <p><input checked="" type="checkbox"/> High Consequence Area (HCA)? Describe HCA HPOP & OPOP</p> <p>3. Part of system involved in accident</p> <p><input type="checkbox"/> Above Ground Storage Tank</p> <p><input type="checkbox"/> Cavern or other below ground storage facility</p> <p><input type="checkbox"/> Pump/meter station; terminal/tank farm piping and equipment, including sumps</p> <p><input type="checkbox"/> Other Specify: _____</p> <p><input checked="" type="checkbox"/> Onshore pipeline, including valve sites</p> <p><input type="checkbox"/> Offshore pipeline, including platforms</p> <p style="text-align: center;">If failure occurred on Pipeline, complete items a - g:</p> <p>4. Failure occurred on</p> <p><input type="checkbox"/> Body of Pipe <input type="checkbox"/> Pipe Seam <input type="checkbox"/> Scraper Trap</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Sump <input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Component <input type="checkbox"/> Valve <input type="checkbox"/> Metering Facility</p> <p><input type="checkbox"/> Repair Sleeve <input type="checkbox"/> Welded Fitting <input type="checkbox"/> Bolted Fitting</p> <p><input type="checkbox"/> Girth Weld</p> <p><input checked="" type="checkbox"/> Other (specify) THREAD-O-RING FITTING & PLT</p> <p>Year the component that failed was installed: / 1991 /</p> <p>5. Maximum operating pressure (MOP)</p> <p>a. Estimated pressure at point and time of accident: 190 PSIG</p> <p>b. MOP at time of accident: 1200 PSIG</p> <p>c. Did an overpressurization occur relating to the accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Offshore: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (complete d if offshore)</p> <p>d. Area _____ Block # _____</p> <p>State / _____ / or Outer Continental Shelf <input type="checkbox"/></p> <p>a. Type of leak or rupture</p> <p><input type="checkbox"/> Leak: <input type="checkbox"/> Pinhole <input type="checkbox"/> Connection Failure (complete sec. H5)</p> <p><input type="checkbox"/> Puncture, diameter (inches) _____</p> <p><input type="checkbox"/> Rupture: <input type="checkbox"/> Circumferential – Separation</p> <p><input type="checkbox"/> Longitudinal – Tear/Crack, length (inches) _____</p> <p>Propagation Length, total, both sides (feet) _____</p> <p><input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Other _____</p> <p>b. Type of block valve used for isolation of immediate section:</p> <p>Upstream: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Remote Control</p> <p><input type="checkbox"/> Check Valve</p> <p>Downstream: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input checked="" type="checkbox"/> Remote Control</p> <p><input type="checkbox"/> Check Valve</p> <p>c. Length of segment isolated 50446 ft</p> <p>d. Distance between valves 50446 ft</p> <p>e. Is segment configured for internal inspection tools? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. Had there been an in-line inspection device run at the point of failure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> Not Possible due to physical constraints in the system</p> <p>g. If Yes, type of device run (check all that apply)</p> <p><input checked="" type="checkbox"/> High Resolution Magnetic Flux tool Year run: 2004</p> <p><input type="checkbox"/> Low Resolution Magnetic Flux tool Year run: _____</p> <p><input type="checkbox"/> UT tool Year run: _____</p> <p><input checked="" type="checkbox"/> Geometry tool Year run: 2004</p> <p><input type="checkbox"/> Caliper tool Year run: _____</p> <p><input type="checkbox"/> Crack tool Year run: _____</p> <p><input type="checkbox"/> Hard Spot tool Year run: _____</p> <p><input type="checkbox"/> Other tool Year run: _____</p> | | | | | | | | | | | | | | | |
| <p style="text-align: center;">PART D – MATERIAL SPECIFICATION</p> <p>1. Nominal pipe size (NPS) / 8.63 / in.</p> <p>2. Wall thickness / .32 / in.</p> <p>3. Specification GRADE B SMYS / 35000 /</p> <p>4. Seam type _____</p> <p>5. Valve type _____</p> <p>6. Manufactured by _____ in year / _____ /</p> | <p style="text-align: center;">PART E – ENVIRONMENT</p> <p>1. Area of accident <input type="checkbox"/> In open ditch</p> <p><input type="checkbox"/> Under pavement <input checked="" type="checkbox"/> Above ground</p> <p><input type="checkbox"/> Underground <input type="checkbox"/> Under water</p> <p><input type="checkbox"/> Inside/under building <input type="checkbox"/> Other _____</p> <p>2. Depth of cover: _____ inches</p> | | | | | | | | | | | | | | | |
| <p style="text-align: center;">PART F – CONSEQUENCES</p> <p>1. Consequences (check and complete all that apply)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Fatalities</th> <th style="width: 10%; text-align: center;">Injuries</th> </tr> </thead> <tbody> <tr> <td>Number of operator employees:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Contractor employees working for operator:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>General public:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Totals:</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <p>b. Was pipeline/segment shutdown due to leak? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, how long? 1 days 2 hours 42 minutes</p> <p>c. Product ignited <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No d. Explosion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>e. <input checked="" type="checkbox"/> Evacuation (general public only) / 3500 / people</p> <p>Reason for Evacuation:</p> <p><input type="checkbox"/> Precautionary by company</p> <p><input checked="" type="checkbox"/> Evacuation required or initiated by public official</p> <p>f. Elapsed time until area was made safe:</p> <p>/ 9 / hr. / 30 / min.</p> <p>2. Environmental Impact</p> <p>a. Wildlife Impact:</p> <p>Fish/aquatic <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Birds <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Terrestrial <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b. Soil Contamination <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, estimated number of cubic yards: 1000</p> <p>c. Long term impact assessment performed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>d. Anticipated remediation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, check all that apply: <input checked="" type="checkbox"/> Surface water <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Soil <input checked="" type="checkbox"/> Vegetation <input type="checkbox"/> Wildlife</p> <p>e. Water Contamination: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, provide the following)</p> <p>Amount in water 90 barrels</p> <p>Ocean/Seawater <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Surface <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Groundwater <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Drinking water <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, check below.)</p> <p><input type="checkbox"/> Private well <input type="checkbox"/> Public water intake</p> | | | Fatalities | Injuries | Number of operator employees: | 0 | 0 | Contractor employees working for operator: | 0 | 0 | General public: | 0 | 0 | Totals: | 0 | 0 |
| | Fatalities | Injuries | | | | | | | | | | | | | | |
| Number of operator employees: | 0 | 0 | | | | | | | | | | | | | | |
| Contractor employees working for operator: | 0 | 0 | | | | | | | | | | | | | | |
| General public: | 0 | 0 | | | | | | | | | | | | | | |
| Totals: | 0 | 0 | | | | | | | | | | | | | | |

PART G – LEAK DETECTION INFORMATION

1. Computer based leak detection capability in place?

☒ Yes ☐ No

2. Was the release initially detected by? (check one):

☐ CPM/SCADA-based system with leak detection☐ Static shut-in test or other pressure or leak test☒ Local operating personnel, procedures or equipment☐ Remote operating personnel, including controllers☐ Air patrol or ground surveillance☐ A third party☐ Other (specify) _____3. Estimated leak duration days 0 hours 1**PART H – APPARENT CAUSE**

Important: There are 25 numbered causes in this Part H. Check the box corresponding to the primary cause of the accident. Check one circle in each of the supplemental categories corresponding to the cause you indicate. See the instructions for guidance.

H1 – CORROSION1. ☐ External Corrosion

a. Pipe Coating

☐ Bare☐ Coated

b. Visual Examination

☐ Localized Pitting☐ General Corrosion☐ Other _____

c. Cause of Corrosion

☐ Galvanic☐ Atmospheric☐ Stray Current☐ Microbiological☐ Cathodic Protection Disrupted☐ Stress Corrosion Cracking☐ Selective Seam Corrosion☐ Other _____2. ☐ Internal Corrosion

(Complete items a – e where applicable.)

d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering accident?

☐ No☐ Yes, Year Protection Started: /

e. Was pipe previously damaged in the area of corrosion?

☐ No☐ Yes => Estimated time prior to accident: / years / months ☐ Unknown**H2 – NATURAL FORCES**3. ☐ Earth Movement=> ☐ Earthquake☐ Subsidence☐ Landslide☐ Other _____4. ☐ Lightning5. ☐ Heavy Rains/Floods=> ☐ Washouts☐ Flotation☐ Mudslide☐ Scouring☐ Other _____6. ☐ Temperature=> ☐ Thermal stress☐ Frost heave☐ Frozen components☐ Other _____7. ☐ High Winds**H3 – EXCAVATION DAMAGE**8. ☐ Operator Excavation Damage (including their contractors/Not Third Party)9. ☐ Third Party (complete a-f)

a. Excavator group

☐ General Public☐ Government☐ Excavator other than Operator/subcontractor

b. Type:

☐ Road Work☐ Pipeline☐ Water☐ Electric☐ Sewer☐ Phone/Cable☐ Landowner-not farming related☐ Farming☐ Railroad☐ Other liquid or gas transmission pipeline operator or their contractor☐ Nautical Operations☐ Other _____c. Excavation was: ☐ Open Trench ☐ Sub-strata (boring, directional drilling, etc...)d. Excavation was an ongoing activity (Month or longer) ☐ Yes ☐ NoIf Yes, Date of last contact / /

e. Did operator get prior notification of excavation activity?

☐ Yes: Date received: / / mo. / / day / / yr.☐ No

Notification received from:

☐ One Call System☐ Excavator☐ Contractor☐ Landownerf. Was pipeline marked as result of location request for excavation? ☐ No ☐ Yes (If Yes, check applicable items i - iv)i. Temporary markings: ☐ Flags ☐ Stakes ☐ Paintii. Permanent markings: ☐iii. Marks were (check one): ☐ Accurate ☐ Not Accurateiv. Were marks made within required time? ☐ Yes ☐ No**H4 – OTHER OUTSIDE FORCE DAMAGE**10. ☐ Fire/Explosion as primary cause of failure => Fire/Explosion cause: ☐ Man made ☐ Natural11. ☐ Car, truck or other vehicle not relating to excavation activity damaging pipe12. ☐ Rupture of Previously Damaged Pipe13. ☐ Vandalism

H5 – MATERIAL AND/OR WELD FAILURES**Material**

14. ☐ Body of Pipe => ☐ Dent ☐ Gouge ☐ Bend ☐ Arc Burn ☐ Other _____
15. ☐ Component => ☐ Valve ☐ Fitting ☐ Vessel ☐ Extruded Outlet ☐ Other _____
16. ☐ Joint => ☐ Gasket ☐ O-Ring ☐ Threads ☐ Other _____

Weld

17. ☐ Butt => ☐ Pipe ☐ Fabrication ☐ Other _____
18. ☐ Fillet => ☐ Branch ☐ Hot Tap ☐ Fitting ☐ Repair Sleeve ☐ Other _____
19. ☐ Pipe Seam => ☐ LF ERW ☐ DSAW ☐ Seamless ☐ Flash Weld ☐ Other _____
☐ HF ERW ☐ SAW ☐ Spiral

Complete a-g if you indicate **any** cause in part H5.

- a. Type of failure:
☐ Construction Defect => ☐ Poor Workmanship ☐ Procedure not followed ☐ Poor Construction Procedures
☐ Material Defect
- b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site? ☐ Yes ☐ No
- c. Was part which leaked pressure tested before accident occurred? ☐ Yes, complete d-g ☐ No
- d. Date of test: / / yr. / / mo. / / day
- e. Test medium: ☐ Water ☐ Inert Gas ☐ Other _____
- f. Time held at test pressure: / / hr.
- g. Estimated test pressure at point of accident: _____ PSIG

H6 – EQUIPMENT

20. ☐ Malfunction of Control/Relief Equipment => ☐ Control valve ☐ Instrumentation ☐ SCADA ☐ Communications
☐ Block valve ☐ Relief valve ☐ Power failure ☐ Other _____
21. ☐ Threads Stripped, Broken Pipe Coupling => ☐ Nipples ☐ Valve Threads ☐ Dresser Couplings ☐ Other _____
22. ☐ Seal Failure => ☐ Gasket ☐ O-Ring ☐ Seal/Pump Packing ☐ Other _____

H7 – INCORRECT OPERATION**23. ☒ Incorrect Operation**

- a. Type: ☒ Inadequate Procedures ☐ Inadequate Safety Practices ☐ Failure to Follow Procedures
☐ Other _____

b. Number of employees involved who failed a post-accident test: drug test: / / alcohol test: / /

H8 – OTHER

24. ☐ Miscellaneous, describe: _____
25. ☐ Unknown ☐ Investigation Complete ☐ Still Under Investigation (submit a supplemental report when investigation is complete)

PART I – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT (Attach additional sheets as necessary)

KIEFFNER FAILURE ANALYSIS REVEALED IMPROPER INSTALLATION OF THE PLUG AS THE PRIMARY CAUSE OF THE FAILURE AND DEFORMATION OF THE TOR FITTING AS A CONTRIBUTING FACTOR. OUR PROCEDURES WERE AMENDED PER PHMSA REQUEST AND EMPLOYEES WERE RE-QUALIFIED WITH THE NEW PROCEDURES.

| | | | |
|---|--|---|--------|
| NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122. | | OMB NO: 2137-0047 EXPIRATION DATE: 8/31/2020 | |
| U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration | Original Report Date: | 05/06/2015 | |
| | No. | 20150163 - 30182 <small>(DOT Use Only)</small> | |
| ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS | | | |
| <small>A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. All responses to the collection of information are mandatory. Send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</small> | | | |
| INSTRUCTIONS <small>Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.</small> | | | |
| PART A - KEY REPORT INFORMATION | | | |
| Report Type: (select all that apply) | Original: | Supplemental: | Final: |
| | | Yes | Yes |
| Last Revision Date: | 04/11/2018 | | |
| 1. Operator's OPS-issued Operator Identification Number (OPID): | 18718 | | |
| 2. Name of Operator | SUNOCO PIPELINE L.P. | | |
| 3. Address of Operator: | | | |
| 3a. Street Address | 1300 MAIN STREET | | |
| 3b. City | HOUSTON | | |
| 3c. State | Texas | | |
| 3d. Zip Code | 77002 | | |
| 4. Local time (24-hr clock) and date of the Accident: | 04/10/2015 15:05 | | |
| 5. Location of Accident: | | | |
| Latitude: | 39.94024 | | |
| Longitude: | -75.4799 | | |
| 6. National Response Center Report Number (if applicable): | 1113257 | | |
| 7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): | 04/10/2015 19:31 | | |
| 8. Commodity released: (select only one, based on predominant volume released) | Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions | | |
| - Specify Commodity Subtype: | Mixture of Refined Products (transmix or other mixture) | | |
| - 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): | .40 | | |
| 10. Estimated volume of intentional and/or controlled release/blowdown (Barrels): | | | |
| 11. Estimated volume of commodity recovered (Barrels): | .40 | | |
| 12. Were there fatalities? | No | | |
| - If Yes, specify the number in each category: | | | |
| 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 | | | |
| 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? | Yes |
| - If No, Explain: | |
| - If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock) | |
| 14a. Local time and date of shutdown: | 04/10/2015 15:40 |
| 14b. Local time pipeline/facility restarted: | 04/12/2015 01:22 |
| - Still shut down? (* Supplemental Report Required) | |
| 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 - effective 7- 2014 changed to "Local time Operator identified failure": | 04/10/2015 18:45 |
| 18b. Local time Operator resources arrived on site: | 04/10/2015 16:00 |
| PART B - ADDITIONAL LOCATION INFORMATION | |
| 1. Was the origin of the Accident onshore? | Yes |
| If Yes, Complete Questions (2-12) | |
| If No, Complete Questions (13-15) | |
| - If Onshore: | |
| 2. State: | Pennsylvania |
| 3. Zip Code: | 19342 |
| 4. City: | Glen Mills |
| 5. County or Parish: | Delaware |
| 6. Operator-designated location: | Survey Station No. |
| Specify: | 998+54 |
| 7. Pipeline/Facility name: | Point Breeze to Montello 12" |
| 8. Segment name/ID: | 11001-12" Point Breeze to Montello |
| 9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)? | No |
| 10. Location of Accident: | Pipeline Right-of-way |
| 11. Area of Accident (as found): | Underground |
| Specify: | Under soil |
| - If Other, Describe: | |
| Depth-of-Cover (in): | 36 |
| 12. Did Accident occur in a crossing? | No |
| - If Yes, specify type 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: | |
| - 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 |
| 2. Part of system involved in Accident: | Onshore Pipeline, Including Valve Sites |
| - If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify: | |
| 3. Item involved in Accident: | Pipe |
| - If Pipe, specify: | Pipe Body |
| 3a. Nominal diameter of pipe (in): | 12 |

| | |
|--|-------------------------------------|
| 3b. Wall thickness (in): | 375 |
| 3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): | 35,000 |
| 3d. Pipe specification: | Grade B |
| 3e. Pipe Seam, specify: | Seamless |
| - If Other, Describe: | |
| 3f. Pipe manufacturer: | National Tube Company |
| 3g. Year of manufacture: | 1937 |
| 3h. Pipeline coating type at point of Accident, specify: | Coal Tar |
| - If Other, Describe: | |
| - If Weld, including heat-affected zone, specify. If Pipe Girth Weld, 3a through 3h above are required: | |
| - 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: | 1937 |
| 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: | |
| in. (axial) by | |
| in. (circumferential) | |
| - If Leak - Select Type: | Pinhole |
| - If Other, Describe: | |
| - If Rupture - Select Orientation: | |
| - 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 |
| 1a. If Yes, specify all that apply: | |
| - Fish/aquatic | |
| - Birds | |
| - Terrestrial | |
| 2. Soil contamination: | Yes |
| 3. Long term impact assessment performed or planned: | Yes |
| 4. Anticipated remediation: | Yes |
| 4a. If Yes, specify all that apply: | |
| - Surface water | Yes |
| - Groundwater | |
| - Soil | Yes |
| - Vegetation | |
| - Wildlife | |
| 5. Water contamination: | Yes |
| 5a. If Yes, specify all that apply: | |
| - Ocean/Seawater | |
| - Surface | Yes |
| - Groundwater | |
| - Drinking water: (Select one or both) | |
| - Private Well | |
| - Public Water Intake | |
| 5b. Estimated amount released in or reaching water (Barrels): | 10 |
| 5c. Name of body of water, if commonly known: | Unnamed intermittent drainage swale |
| 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? | Yes |
| 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? | Yes |
| 7a. If Yes, specify HCA type(s): (Select all that apply) | |
| - Commercially Navigable Waterway: | |
| Was this HCA identified in the "could affect" determination for this Accident site in the Operator's | |

| | |
|---|-----------------------------|
| Integrity Management Program? | |
| - High Population Area: | Yes |
| Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program? | Yes |
| - 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 | Yes |
| Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program? | Yes |
| 8. Estimated cost to Operator – effective 12-2012, changed to "Estimated Property Damage": | |
| 8a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 12-2012, "paid/reimbursed by the Operator" removed | \$ 46,550 |
| 8b. Estimated cost of commodity lost | \$ 24 |
| 8c. Estimated cost of Operator's property damage & repairs | \$ 230,000 |
| 8d. Estimated cost of Operator's emergency response | \$ 100,000 |
| 8e. Estimated cost of Operator's environmental remediation | \$ 75,000 |
| 8f. Estimated other costs | \$ 40,000 |
| Describe: | Failure Analysis |
| 8g. Estimated total costs (sum of above) – effective 12-2012, changed to "Total estimated property damage (sum of above)" | \$ 491,574 |
| PART E - ADDITIONAL OPERATING INFORMATION | |
| 1. Estimated pressure at the point and time of the Accident (psig): | 670.00 |
| 2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig): | 950.00 |
| 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 restriction with pressure limits below those normally allowed by the MOP? | 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? | Yes |
| - If Yes - (Complete 5a. – 5f below) effective 12-2012, changed to "(Complete 5.a – 5.e below)" | |
| 5a. Type of upstream valve used to initially isolate release source: | Remotely Controlled |
| 5b. Type of downstream valve used to initially isolate release source: | Remotely Controlled |
| 5c. Length of segment isolated between valves (ft): | 66,000 |
| 5d. Is the pipeline configured to accommodate internal inspection tools? | Yes |
| - If No, Which physical features limit tool accommodation? (select all that apply) | |
| - 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? | No |
| - If Yes, Which operational factors complicate execution? (select all that apply) | |

| | |
|--|---|
| - Excessive debris or scale, wax, or other wall buildup | |
| - 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 the detection of the Accident? | No |
| 6d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident? | No |
| 7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident? | Yes |
| - If Yes: | |
| 7a. Was it operating at the time of the Accident? | Yes |
| 7b. Was it fully functional at the time of the Accident? | Yes |
| 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? | No |
| 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? | No |
| 8. How was the Accident initially identified for the Operator? | Notification From Public |
| - If Other, Specify: | |
| 8a. If "Controller", "Local Operating Personnel", including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 8, specify: | |
| 9. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident? | 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 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) | A review of the accident determined that there were no control room actions that contributed to the event. |
| - 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 Drug & Alcohol Testing regulations? | No |
| - If Yes: | |
| 1a. Specify how many were tested: | |

| | |
|--|-------------------------------|
| 1b. Specify how many failed: | |
| 2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? | No |
| - If Yes: | |
| 2a. Specify how many were tested: | |
| 2b. Specify how many failed: | |
| PART G – APPARENT CAUSE | |
| <i>Select only one box from PART G in shaded column on left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing or root causes of the Accident in the narrative (PART H).</i> | |
| Apparent Cause: | G1 - Corrosion Failure |
| G1 - Corrosion Failure - only one sub-cause can be picked from shaded left-hand column | |
| Corrosion Failure – Sub-Cause: | External Corrosion |
| - If External Corrosion: | |
| 1. Results of visual examination: | Localized Pitting |
| - If Other, Describe: | |
| 2. Type of corrosion: (select all that apply) | |
| - Galvanic | Yes |
| - 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: (select all that apply) | |
| - Field examination | Yes |
| - Determined by metallurgical analysis | Yes |
| - Other: | |
| - If Other, Describe: | |
| 4. Was the failed item buried under the ground? | Yes |
| - If Yes : | |
| <input type="checkbox"/> 4a. Was failed item considered to be under cathodic protection at the time of the Accident? | Yes |
| If Yes - Year protection started: | 1964 |
| 4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident? | Yes |
| 4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? | Yes |
| If "Yes, CP Annual Survey" – Most recent year conducted: | 2017 |
| 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? | Yes |
| - 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 following (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 | |
| - Other: | |

| | |
|--|-----------------------------|
| - 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 the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld. | |
| 15. Has one or more internal inspection tool collected data at the point of the Accident? | Yes |
| 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: Yes |
| - Hard Spot | Most recent year: 2016 |
| - Combination Tool | Most recent year: Yes |
| - Transverse Field/Triaxial | Most recent year: 2016 |
| - 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? | Yes |
| If Yes - | |
| Most recent year tested: | 2017 |
| Test pressure: | 1,560.00 |
| 17. Has one or more Direct Assessment been conducted on this segment? | No |
| - 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? | No |
| 18a. 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: | |
| G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed column | |
| Natural Force Damage - Sub-Cause: | |
| - 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 Other Natural Force Damage: | |
| 5. Describe: | |
| Complete the following if any Natural Force Damage sub-cause is selected. | |
| 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 shaded left-hand column | |
| Excavation Damage - Sub-Cause: | |
| - 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? | |
| 1a. If Yes, for each tool used, select type of internal inspection tool and indicate 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: |
| 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: | |
| 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: | |
| Most recent year conducted: | |
| - If Yes, but the point of the Accident was not identified as a dig site: | |
| 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, 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: |

| | |
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| - 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 as the sub-cause. | |
| 6. Did the operator get prior notification of the excavation activity? | |
| 6a. If Yes, Notification received from: <i>(select all that apply)</i> - | |
| - One-Call System | |
| - Excavator | |
| - Contractor | |
| - Landowner | |
| 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: <i>(select all that apply)</i> - | |
| - Public | |
| - If "Public", Specify: | |
| - Private | |
| - 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 <i>(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):</i> | |
| 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 selected from the shaded left-hand column | |
| Other Outside Force Damage - Sub-Cause: | |
| - If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation: | |
| 1. Vehicle/Equipment operated by: | |
| - If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring: | |
| 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 Previous Mechanical Damage NOT Related to Excavation: Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld. | |
| 3. Has one or more internal inspection tool collected data at the point of | |

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| the Accident? | |
| 3a. If Yes, for each tool used, select type of internal inspection tool and indicate 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: |
| 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: | |
| | 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, 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: | |
| - If Intentional Damage: | |
| 8. Specify: | |
| - If Other, Describe: | |
| - If Other Outside Force Damage: | |
| 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 shown above is based on the following: (select all that 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) | |

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| - If Construction, Installation, or Fabrication-related: | |
| 2. List contributing factors: <i>(select all that apply)</i> | |
| - Fatigue or Vibration-related | |
| Specify: | |
| - If Other, Describe: | |
| - Mechanical Stress: | |
| - Other | |
| - If Other, Describe: | |
| - If Environmental Cracking-related: | |
| 3. Specify: | |
| - If Other - Describe: | |
| Complete the following if any Material Failure of Pipe or Weld sub-cause is selected. | |
| 4. Additional factors: <i>(select all that apply)</i> : | |
| - 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 and indicate most recent year run: | |
| - Magnetic Flux Leakage | Most recent year run: |
| - Ultrasonic | 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? | |
| - 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: | |
| 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, 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: | |
| G6 – Equipment Failure - only one sub-cause can be selected from the shaded left-hand column | |
| Equipment Failure – Sub-Cause: | |
| - If Malfunction of Control/Relief Equipment: | |
| 1. Specify: <i>(select all that apply)</i> - | |
| - Control Valve | |
| - Instrumentation | |
| - SCADA | |
| - Communications | |
| - 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: | |
| 3. Specify: | |
| - If Other – Describe: | |
| - If Non-threaded Connection Failure: | |
| 4. Specify: | |
| - If Other – Describe: | |
| - 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: <i>(select all that apply)</i> | |
| - Excessive vibration | |
| - Overpressurization | |
| - No support or loss of support | |
| - 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 | |
| - If Other, Describe: | |
| G7 - Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column | |
| Incorrect Operation – Sub-Cause: | |
| - If Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow | |
| 1. Specify: | |
| - If Other, Describe: | |
| - If Other Incorrect Operation | |

| | |
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| 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 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 | |
| <p>On 4/10/2015 at approximately 15:05 a landowner telephonically reported a petroleum odor to the SPLP Control Center. The line was shutdown and field personnel were dispatched to the area and detected a rainbow sheen on an intermittent drainage swale in a wooded area adjacent to the pipeline ROW. Emergency Response and Incident Command was initiated and the source of the odor was traced to the Point Breeze to Montello 12" refined products pipeline system. This area of the pipeline was excavated and a Plidco repair clamp was used to effect repair at the failure location. Permanent repair via cut out and replacement was planned however the area of the failure was located in a wetland area that is subject to PA DEP permitting. Permit approval process significantly delayed permanent repair. As of 7/10/2017 the failed section was cut out and replaced. The failed section was sent to a laboratory for failure analysis. The failure analysis report confirmed that the cause of the failure was external corrosion. The most likely mechanism for the external corrosion was coating failure which caused localized shielding of the CP. In 2016, Def/MFL/SMFL/LFM and UT Crack ILI tools were run and subsequent repairs and replacement of sections of this pipeline were affected including the cut out and replacement of this failed section of pipe. Subsequent to the repair program a hydrostatic pressure test was completed to requalify the MOP.</p> | |
| PART I - PREPARER AND AUTHORIZED SIGNATURE | |
| Preparer's Name | Todd G. Nardozzi |
| Preparer's Title | Sr. Manager DOT Compliance |
| Preparer's Telephone Number | 281-637-6576 |
| Preparer's E-mail Address | todd.nardozzi@energytransfer.com |
| Preparer's Facsimile Number | 877-917-0448 |
| Authorized Signer Name | Todd G. Nardozzi |
| Authorized Signer Title | Sr. Manager DOT Compliance |
| Authorized Signer Telephone Number | 281-637-6576 |
| Authorized Signer Email | todd.nardozzi@energytransfer.com |
| Date | 04/11/2018 |

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| NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122. | | OMB NO: 2137-0047 EXPIRATION DATE: 8/31/2020 | |
| U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration | Original Report Date: | 06/22/2016 | |
| | No. | 20160192 - 21777 <small>(DOT Use Only)</small> | |
| ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS | | | |
| <small>A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. All responses to the collection of information are mandatory. Send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</small> | | | |
| INSTRUCTIONS | | | |
| <i>Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.</i> | | | |
| PART A - KEY REPORT INFORMATION | | | |
| Report Type: (select all that apply) | Original: | Supplemental: | Final: |
| | | Yes | Yes |
| Last Revision Date: | 10/20/2016 | | |
| 1. Operator's OPS-issued Operator Identification Number (OPID): | 18718 | | |
| 2. Name of Operator | SUNOCO PIPELINE L.P. | | |
| 3. Address of Operator: | | | |
| 3a. Street Address | 1300 MAIN STREET | | |
| 3b. City | HOUSTON | | |
| 3c. State | Texas | | |
| 3d. Zip Code | 77002 | | |
| 4. Local time (24-hr clock) and date of the Accident: | 05/27/2016 13:04 | | |
| 5. Location of Accident: | | | |
| Latitude: | 39.844773 | | |
| Longitude: | -75.418525 | | |
| 6. National Response Center Report Number (if applicable): | NRC Notification Not Required | | |
| 7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): | | | |
| 8. Commodity released: (select only one, based on predominant volume released) | HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions | | |
| - Specify Commodity Subtype: | LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid) | | |
| - 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): | 9.10 | | |
| 10. Estimated volume of intentional and/or controlled release/blowdown (Barrels): | 1.00 | | |
| 11. Estimated volume of commodity recovered (Barrels): | | | |
| 12. Were there fatalities? | No | | |
| - If Yes, specify the number in each category: | | | |
| 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 | | | |
| 13d. Workers working on the right-of-way, but NOT associated with this Operator | | | |

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| 13e. General public | |
| 13f. Total injuries (sum of above) | |
| 14. Was the pipeline/facility shut down due to the Accident? | Yes |
| - If No, Explain: | |
| - If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock) | |
| 14a. Local time and date of shutdown: | 05/27/2016 13:04 |
| 14b. Local time pipeline/facility restarted: | 05/27/2016 17:26 |
| - Still shut down? (* Supplemental Report Required) | |
| 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 - effective 7- 2014 changed to "Local time Operator identified failure": | 05/27/2016 13:15 |
| 18b. Local time Operator resources arrived on site: | 05/27/2016 13:55 |
| PART B - ADDITIONAL LOCATION INFORMATION | |
| 1. Was the origin of the Accident onshore? | Yes |
| <i>If Yes, Complete Questions (2-12)</i> | |
| <i>If No, Complete Questions (13-15)</i> | |
| - If Onshore: | |
| 2. State: | Pennsylvania |
| 3. Zip Code: | 19014 |
| 4. City | Aston |
| 5. County or Parish | Delaware |
| 6. Operator-designated location: | Milepost/Valve Station |
| Specify: | Twin Oaks |
| 7. Pipeline/Facility name: | TW14-Twin Oaks Meter Station |
| 8. Segment name/ID: | 11190-8" Twin Oaks to Montello |
| 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 type 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: | |
| - 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 |
| 2. Part of system involved in Accident: | Onshore Pump/Meter Station Equipment and Piping |
| - If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify: | |
| 3. Item involved in Accident: | Scraper/Pig Trap |
| - If Pipe, specify: | |

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| 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 Pipe Girth Weld, 3a through 3h above are required: | |
| - 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: | 2014 |
| 5. Material involved in Accident: | Material other than Carbon Steel |
| - If Material other than Carbon Steel, specify: | Viton O-Ring |
| 6. Type of Accident Involved: | Leak |
| - If Mechanical Puncture - Specify Approx. size: | |
| in. (axial) by | |
| in. (circumferential) | |
| - If Leak - Select Type: | Seal or Packing |
| - If Other, Describe: | |
| - If Rupture - Select Orientation: | |
| - 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 |
| 1a. If Yes, specify all that apply: | |
| - Fish/aquatic | |
| - Birds | |
| - Terrestrial | |
| 2. Soil contamination: | No |
| 3. Long term impact assessment performed or planned: | No |
| 4. Anticipated remediation: | No |
| 4a. If Yes, specify all that apply: | |
| - Surface water | |
| - Groundwater | |
| - Soil | |
| - Vegetation | |
| - Wildlife | |
| 5. Water contamination: | No |
| 5a. If Yes, specify all that apply: | |
| - Ocean/Seawater | |
| - Surface | |
| - Groundwater | |
| - 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 (HCA) as determined in the Operator's Integrity Management Program? | Yes |
| 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? | Yes |
| 7a. If Yes, specify HCA type(s): (Select all that apply) | |
| - Commercially Navigable Waterway: | |
| Was this HCA identified in the "could affect" | |

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| determination for this Accident site in the Operator's Integrity Management Program? | |
| - High Population Area: | Yes |
| Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program? | Yes |
| - 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 | Yes |
| Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program? | Yes |
| 8. Estimated cost to Operator – effective 12-2012, changed to "Estimated Property Damage": | |
| 8a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 12-2012, "paid/reimbursed by the Operator" removed | \$ 0 |
| 8b. Estimated cost of commodity lost | \$ 123 |
| 8c. Estimated cost of Operator's property damage & repairs | \$ 50 |
| 8d. Estimated cost of Operator's emergency response | \$ 7,570 |
| 8e. Estimated cost of Operator's environmental remediation | \$ 0 |
| 8f. Estimated other costs | \$ 0 |
| Describe: | |
| 8g. Estimated total costs (sum of above) – effective 12-2012, changed to "Total estimated property damage (sum of above)" | \$ 7,743 |
| PART E - ADDITIONAL OPERATING INFORMATION | |
| 1. Estimated pressure at the point and time of the Accident (psig): | 1,102.00 |
| 2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig): | 1,480.00 |
| 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 restriction with pressure limits below those normally allowed by the MOP? | 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 5a. – 5f below) effective 12-2012, changed to "(Complete 5.a – 5.e below)" | |
| 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) | |
| - 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? | |

| | |
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| - If Yes, Which operational factors complicate execution? (select all that apply) | |
| - Excessive debris or scale, wax, or other wall buildup | |
| - 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 the detection of the Accident? | Yes |
| 6d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident? | Yes |
| 7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident? | Yes |
| - If Yes: | |
| 7a. Was it operating at the time of the Accident? | Yes |
| 7b. Was it fully functional at the time of the Accident? | Yes |
| 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? | No |
| 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? | No |
| 8. How was the Accident initially identified for the Operator? | CPM leak detection system or SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) |
| - If Other, Specify: | |
| 8a. If "Controller", "Local Operating Personnel", including contractors, "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 8, specify: | |
| 9. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident? | 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 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) | A review of the accident determined that there were no control room actions that contributed to the event. |
| - 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 | |

| | |
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| 1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? | No |
| - If Yes: | |
| 1a. Specify how many were tested: | |
| 1b. Specify how many failed: | |
| 2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? | No |
| - If Yes: | |
| 2a. Specify how many were tested: | |
| 2b. Specify how many failed: | |
| PART G – APPARENT CAUSE | |
| <i>Select only one box from PART G in shaded column on left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing or root causes of the Accident in the narrative (PART H).</i> | |
| Apparent Cause: | G6 - Equipment Failure |
| G1 - Corrosion Failure - only one sub-cause can be picked from shaded left-hand column | |
| Corrosion Failure – Sub-Cause: | |
| - 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: (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 : | |
| <input type="checkbox"/> 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 following (select all that apply): - | |
| - Field examination | |
| - Determined by metallurgical analysis | |
| - Other: | |

| | | |
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| - If Other, Describe: | | |
| 9. Location of corrosion (select all that apply): - | | |
| - Low point in pipe | | |
| - Elbow | | |
| - Other: | | |
| - 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 the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld. | | |
| 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 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: | | |

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| G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed column | |
| Natural Force Damage – Sub-Cause: | |
| - 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 Other Natural Force Damage: | |
| 5. Describe: | |
| Complete the following if any Natural Force Damage sub-cause is selected. | |
| 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 shaded left-hand column | |
| Excavation Damage – Sub-Cause: | |
| - 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? | |
| 1a. If Yes, for each tool used, select type of internal inspection tool and indicate 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: |
| 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: | |
| 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: | |
| Most recent year conducted: | |
| - If Yes, but the point of the Accident was not identified as a dig site: | |
| Most recent year conducted: | |
| 5. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? | |

| | |
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| 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 selected as the sub-cause. | |
| 6. Did the operator get prior notification of the excavation activity? | |
| 6a. If Yes, Notification received from: <i>(select all that apply)</i> - | |
| - One-Call System | |
| - Excavator | |
| - Contractor | |
| - Landowner | |
| 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: <i>(select all that apply)</i> - | |
| - Public | |
| - If "Public", Specify: | |
| - Private | |
| - 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 <i>(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):</i> | |
| 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 selected from the shaded left-hand column | |
| Other Outside Force Damage - Sub-Cause: | |
| - If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation: | |
| 1. Vehicle/Equipment operated by: | |
| - If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring: | |
| 2. Select one or more of the following IF an extreme weather event was a factor: | |
| - Hurricane | |
| - Tropical Storm | |
| - Tornado | |

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| - Heavy Rains/Flood | |
| - Other | |
| - If Other, Describe: | |
| - If Previous Mechanical Damage NOT Related to Excavation: Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from 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 indicate 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: |
| 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: | |
| 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, 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: | |
| - If Intentional Damage: | |
| 8. Specify: | |
| - If Other, Describe: | |
| - If Other Outside Force Damage: | |
| 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 shown above is based on the following: (select all that apply) | |

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| - 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 Environmental Cracking-related: | |
| 3. Specify: | |
| - If Other - Describe: | |
| Complete the following if any Material Failure of Pipe or Weld sub-cause 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 and indicate most recent year run: | |
| - Magnetic Flux Leakage | Most recent year run: |
| - Ultrasonic | 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? | |
| - 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: |
| 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, 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: | | |
| G6 – Equipment Failure - only one sub-cause can be selected from the shaded left-hand column | | |
| Equipment Failure – Sub-Cause: | | Non-threaded Connection Failure |
| - If Malfunction of Control/Relief Equipment: | | |
| 1. Specify: (select all that apply) - | | |
| - Control Valve | | |
| - Instrumentation | | |
| - SCADA | | |
| - Communications | | |
| - 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: | | |
| 3. Specify: | | |
| - If Other – Describe: | | |
| - If Non-threaded Connection Failure: | | |
| 4. Specify: | | |
| - If Other – Describe: | | O-Ring |
| - 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 that apply) | | |
| - Excessive vibration | | |
| - Overpressurization | | |
| - No support or loss of support | | |
| - 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: | | O-Ring failed. |
| G7 - Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column | | |
| Incorrect Operation – Sub-Cause: | | |

| | |
|--|--------------------------------|
| - If Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow | |
| 1. Specify: | |
| - If Other, Describe: | |
| - If Other Incorrect Operation | |
| 2. Describe: | |
| Complete the following if any Incorrect Operation sub-cause is selected. | |
| 3. Was this Accident related to <i>(select all that apply)</i> : - | |
| - 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 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 | |
| <p>On Friday, 5/27/2016 at 13:04, a High-High LEL Alarm Condition Triggered a Facility Lockout at Twin Oaks meter station and pipeline shut down. Event notification was sent to supervision and field personnel were dispatched to investigate. Leak was discovered at the receiving pig trap door. Response included isolation of the pig trap and flaring of the remaining product contained in the pig trap. When purged and made safe to open, the pig trap door was assessed and it was determined that the O-Ring door seal had failed which caused the release. A new O-Ring was installed, leak tested and the pipeline was returned to normal operation.</p> | |
| PART I - PREPARER AND AUTHORIZED SIGNATURE | |
| Preparer's Name | Todd G. Nardozzi |
| Preparer's Title | DOT Compliance Manager |
| Preparer's Telephone Number | 281-637-6576 |
| Preparer's E-mail Address | TGNardozzi@sunocologistics.com |
| Preparer's Facsimile Number | 877-917-0448 |
| Authorized Signer Name | Todd G. Nardozzi |
| Authorized Signer Title | DOT Compliance Manager |
| Authorized Signer Telephone Number | 281-637-6576 |
| Authorized Signer Email | TGNardozzi@suocologistics.com |
| Date | 10/20/2016 |

| | | | |
|---|--|---|---------------|
| NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122. | | OMB NO: 2137-0047 EXPIRATION DATE: 8/31/2020 | |
| U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration | Original Report Date: | 09/13/2016 | |
| | No. | 20160297 - 21843 <small>(DOT Use Only)</small> | |
| ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS | | | |
| <small>A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. All responses to the collection of information are mandatory. Send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</small> | | | |
| INSTRUCTIONS | | | |
| <i>Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.</i> | | | |
| PART A - KEY REPORT INFORMATION | | | |
| Report Type: <i>(select all that apply)</i> | Original: | Supplemental: | Final: |
| | | Yes | Yes |
| Last Revision Date: | 11/15/2016 | | |
| 1. Operator's OPS-issued Operator Identification Number (OPID): | 18718 | | |
| 2. Name of Operator | SUNOCO PIPELINE L.P. | | |
| 3. Address of Operator: | | | |
| 3a. Street Address | 1300 MAIN STREET | | |
| 3b. City | HOUSTON | | |
| 3c. State | Texas | | |
| 3d. Zip Code | 77002 | | |
| 4. Local time (24-hr clock) and date of the Accident: | 08/16/2016 20:21 | | |
| 5. Location of Accident: | | | |
| Latitude: | 40.456096 | | |
| Longitude: | -78.402961 | | |
| 6. National Response Center Report Number (if applicable): | NRC Notification Not Required | | |
| 7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): | | | |
| 8. Commodity released: <i>(select only one, based on predominant volume released)</i> | HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions | | |
| - Specify Commodity Subtype: | LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid) | | |
| - 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): | 5.00 | | |
| 10. Estimated volume of intentional and/or controlled release/blowdown (Barrels): | 2.00 | | |
| 11. Estimated volume of commodity recovered (Barrels): | | | |
| 12. Were there fatalities? | No | | |
| - If Yes, specify the number in each category: | | | |
| 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 | | | |
| 13d. Workers working on the right-of-way, but NOT associated with this Operator | | | |

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| 13e. General public | |
| 13f. Total injuries (sum of above) | |
| 14. Was the pipeline/facility shut down due to the Accident? | Yes |
| - If No, Explain: | |
| - If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock) | |
| 14a. Local time and date of shutdown: | 08/16/2016 20:22 |
| 14b. Local time pipeline/facility restarted: | 08/17/2016 00:15 |
| - Still shut down? (* Supplemental Report Required) | |
| 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 - effective 7- 2014 changed to "Local time Operator identified failure": | 08/16/2016 20:21 |
| 18b. Local time Operator resources arrived on site: | 08/16/2016 20:53 |
| PART B - ADDITIONAL LOCATION INFORMATION | |
| 1. Was the origin of the Accident onshore? | Yes |
| <i>If Yes, Complete Questions (2-12)</i> | |
| <i>If No, Complete Questions (13-15)</i> | |
| - If Onshore: | |
| 2. State: | Pennsylvania |
| 3. Zip Code: | 16635 |
| 4. City: | Allegheny Township |
| 5. County or Parish: | Blair |
| 6. Operator-designated location: | Milepost/Valve Station |
| Specify: | Hollidaysburg |
| 7. Pipeline/Facility name: | HOLL-Hollidaysburg Pump Station |
| 8. Segment name/ID: | 12124-8" Montello to Delmont |
| 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 type 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: | |
| - 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 |
| 2. Part of system involved in Accident: | Onshore Pump/Meter Station Equipment and Piping |
| - If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify: | |
| 3. Item involved in Accident: | Scraper/Pig Trap |
| - If Pipe, specify: | |

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| 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 Pipe Girth Weld, 3a through 3h above are required: | |
| - 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: | 2015 |
| 5. Material involved in Accident: | Material other than Carbon Steel |
| - If Material other than Carbon Steel, specify: | Viton O-Ring |
| 6. Type of Accident Involved: | Leak |
| - If Mechanical Puncture - Specify Approx. size: | |
| in. (axial) by | |
| in. (circumferential) | |
| - If Leak - Select Type: | Seal or Packing |
| - If Other, Describe: | |
| - If Rupture - Select Orientation: | |
| - 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 |
| 1a. If Yes, specify all that apply: | |
| - Fish/aquatic | |
| - Birds | |
| - Terrestrial | |
| 2. Soil contamination: | No |
| 3. Long term impact assessment performed or planned: | No |
| 4. Anticipated remediation: | No |
| 4a. If Yes, specify all that apply: | |
| - Surface water | |
| - Groundwater | |
| - Soil | |
| - Vegetation | |
| - Wildlife | |
| 5. Water contamination: | No |
| 5a. If Yes, specify all that apply: | |
| - Ocean/Seawater | |
| - Surface | |
| - Groundwater | |
| - 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 (HCA) as determined in the Operator's Integrity Management Program? | Yes |
| 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? | Yes |
| 7a. If Yes, specify HCA type(s): (Select all that apply) | |
| - Commercially Navigable Waterway: | |
| Was this HCA identified in the "could affect" | |

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| determination for this Accident site in the Operator's Integrity Management Program? | |
| - High Population Area: | Yes |
| Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program? | Yes |
| - 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 cost to Operator – effective 12-2012, changed to "Estimated Property Damage": | |
| 8a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 12-2012, "paid/reimbursed by the Operator" removed | \$ 0 |
| 8b. Estimated cost of commodity lost | \$ 150 |
| 8c. Estimated cost of Operator's property damage & repairs | \$ 50 |
| 8d. Estimated cost of Operator's emergency response | \$ 1,375 |
| 8e. Estimated cost of Operator's environmental remediation | \$ 0 |
| 8f. Estimated other costs | \$ 12,875 |
| Describe: | Failure Analysis |
| 8g. Estimated total costs (sum of above) – effective 12-2012, changed to "Total estimated property damage (sum of above)" | \$ 14,450 |
| PART E - ADDITIONAL OPERATING INFORMATION | |
| 1. Estimated pressure at the point and time of the Accident (psig): | 1,220.00 |
| 2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig): | 1,480.00 |
| 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 restriction with pressure limits below those normally allowed by the MOP? | 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 5a. – 5f below) effective 12-2012, changed to "(Complete 5.a – 5.e below)" | |
| 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) | |
| - 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? | |

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| - If Yes, Which operational factors complicate execution? (select all that apply) | |
| - Excessive debris or scale, wax, or other wall buildup | |
| - 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 the detection of the Accident? | Yes |
| 6d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident? | Yes |
| 7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident? | Yes |
| - If Yes: | |
| 7a. Was it operating at the time of the Accident? | Yes |
| 7b. Was it fully functional at the time of the Accident? | Yes |
| 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? | No |
| 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? | No |
| 8. How was the Accident initially identified for the Operator? | CPM leak detection system or SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) |
| - If Other, Specify: | |
| 8a. If "Controller", "Local Operating Personnel", including contractors, "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 8, specify: | |
| 9. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident? | 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 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) | A review of the accident determined that there were no control room actions that contributed to the event. |
| - 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 | |

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| 1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? | No |
| - If Yes: | |
| 1a. Specify how many were tested: | |
| 1b. Specify how many failed: | |
| 2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? | No |
| - If Yes: | |
| 2a. Specify how many were tested: | |
| 2b. Specify how many failed: | |
| PART G – APPARENT CAUSE | |
| <i>Select only one box from PART G in shaded column on left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing or root causes of the Accident in the narrative (PART H).</i> | |
| Apparent Cause: | G6 - Equipment Failure |
| G1 - Corrosion Failure - only one sub-cause can be picked from shaded left-hand column | |
| Corrosion Failure – Sub-Cause: | |
| - 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: (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 : | |
| <input type="checkbox"/> 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 following (select all that apply): - | |
| - Field examination | |
| - Determined by metallurgical analysis | |
| - Other: | |

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| - If Other, Describe: | | |
| 9. Location of corrosion (select all that apply): - | | |
| - Low point in pipe | | |
| - Elbow | | |
| - Other: | | |
| - 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 the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld. | | |
| 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 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: | | |

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| G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed column | |
| Natural Force Damage – Sub-Cause: | |
| - 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 Other Natural Force Damage: | |
| 5. Describe: | |
| Complete the following if any Natural Force Damage sub-cause is selected. | |
| 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 shaded left-hand column | |
| Excavation Damage – Sub-Cause: | |
| - 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? | |
| 1a. If Yes, for each tool used, select type of internal inspection tool and indicate 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: |
| 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: | |
| 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: | |
| Most recent year conducted: | |
| - If Yes, but the point of the Accident was not identified as a dig site: | |
| Most recent year conducted: | |
| 5. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? | |

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| 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 selected as the sub-cause. | |
| 6. Did the operator get prior notification of the excavation activity? | |
| 6a. If Yes, Notification received from: <i>(select all that apply)</i> - | |
| - One-Call System | |
| - Excavator | |
| - Contractor | |
| - Landowner | |
| 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: <i>(select all that apply)</i> - | |
| - Public | |
| - If "Public", Specify: | |
| - Private | |
| - 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 <i>(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):</i> | |
| 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 selected from the shaded left-hand column | |
| Other Outside Force Damage - Sub-Cause: | |
| - If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation: | |
| 1. Vehicle/Equipment operated by: | |
| - If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring: | |
| 2. Select one or more of the following IF an extreme weather event was a factor: | |
| - Hurricane | |
| - Tropical Storm | |
| - Tornado | |

| | |
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| - Heavy Rains/Flood | |
| - Other | |
| - If Other, Describe: | |
| - If Previous Mechanical Damage NOT Related to Excavation: Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from 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 indicate 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: |
| 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: | |
| 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, 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: | |
| - If Intentional Damage: | |
| 8. Specify: | |
| - If Other, Describe: | |
| - If Other Outside Force Damage: | |
| 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 shown above is based on the following: (select all that 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 Environmental Cracking-related: | |
| 3. Specify: | |
| - If Other - Describe: | |
| Complete the following if any Material Failure of Pipe or Weld sub-cause 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 and indicate most recent year run: | |
| - Magnetic Flux Leakage | Most recent year run: |
| - Ultrasonic | 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? | |
| - 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: |
| 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, 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: | | |
| G6 – Equipment Failure - only one sub-cause can be selected from the shaded left-hand column | | |
| Equipment Failure – Sub-Cause: | | Non-threaded Connection Failure |
| - If Malfunction of Control/Relief Equipment: | | |
| 1. Specify: (select all that apply) - | | |
| - Control Valve | | |
| - Instrumentation | | |
| - SCADA | | |
| - Communications | | |
| - 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: | | |
| 3. Specify: | | |
| - If Other – Describe: | | |
| - If Non-threaded Connection Failure: | | |
| 4. Specify: | | O-Ring |
| - If Other – Describe: | | |
| - 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 that apply) | | |
| - Excessive vibration | | |
| - Overpressurization | | |
| - No support or loss of support | | |
| - 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: | | O-Ring Failure |
| G7 - Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column | | |
| Incorrect Operation – Sub-Cause: | | |

| | |
|---|--------------------------------|
| - If Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow | |
| 1. Specify: | |
| - If Other, Describe: | |
| - If Other Incorrect Operation | |
| 2. Describe: | |
| Complete the following if any Incorrect Operation sub-cause is selected. | |
| 3. Was this Accident related to <i>(select all that apply)</i> : - | |
| - 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 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 | |
| <p>On Tuesday, 8/16/2016, a High-High Alarm Condition triggered a Facility Lockout at Hollidaysburg Pump Station. Event notification was sent to supervision. Field personnel were dispatched to investigate. Leak was discovered at the receiving pig trap closure. Response included isolation of the pig trap and flaring of the remaining product contained in the pig trap. When purged and made safe to open, the pig trap closure assembly was assessed. Investigation determined the pig trap closure O-Ring had failed which was the immediate cause of the release. A new O-Ring was installed, leak tested and the pipeline was returned to normal operations.</p> | |
| PART I - PREPARER AND AUTHORIZED SIGNATURE | |
| Preparer's Name | Todd G. Nardozzi |
| Preparer's Title | DOT Compliance Manager |
| Preparer's Telephone Number | 281-637-6576 |
| Preparer's E-mail Address | TGNardozzi@sunocologistics.com |
| Preparer's Facsimile Number | 877-917-0448 |
| Authorized Signer Name | Todd G. Nardozzi |
| Authorized Signer Title | DOT Compliance Manager |
| Authorized Signer Telephone Number | 281-637-6576 |
| Authorized Signer Email | TGNardozzi@sunocologistics.com |
| Date | 11/15/2016 |

| | | | |
|---|--|---|---------------|
| NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed \$100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed \$1,000,000 as provided in 49 USC 60122. | | OMB NO: 2137-0047 EXPIRATION DATE: 8/31/2020 | |
| U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration | Original Report Date: | 04/26/2017 | |
| | No. | 20170138 - 30259 <small>(DOT Use Only)</small> | |
| ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS | | | |
| <small>A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. All responses to the collection of information are mandatory. Send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing the burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</small> | | | |
| INSTRUCTIONS | | | |
| <small>Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.</small> | | | |
| PART A - KEY REPORT INFORMATION | | | |
| Report Type: <i>(select all that apply)</i> | Original: | Supplemental: | Final: |
| | | Yes | Yes |
| Last Revision Date: | 05/01/2018 | | |
| 1. Operator's OPS-issued Operator Identification Number (OPID): | 18718 | | |
| 2. Name of Operator | SUNOCO PIPELINE L.P. | | |
| 3. Address of Operator: | | | |
| 3a. Street Address | 1300 MAIN STREET | | |
| 3b. City | HOUSTON | | |
| 3c. State | Texas | | |
| 3d. Zip Code | 77002 | | |
| 4. Local time (24-hr clock) and date of the Accident: | 04/01/2017 15:57 | | |
| 5. Location of Accident: | | | |
| Latitude: | 40.17774 | | |
| Longitude: | -75.87633 | | |
| 6. National Response Center Report Number (if applicable): | 1174615 | | |
| 7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable): | 04/01/2017 17:59 | | |
| 8. Commodity released: <i>(select only one, based on predominant volume released)</i> | HVL or Other Flammable or Toxic Fluid which is a Gas at Ambient Conditions | | |
| - Specify Commodity Subtype: | LPG (Liquefied Petroleum Gas) / NGL (Natural Gas Liquid) | | |
| - 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): | 20.00 | | |
| 10. Estimated volume of intentional and/or controlled release/blowdown (Barrels): | 4.80 | | |
| 11. Estimated volume of commodity recovered (Barrels): | | | |
| 12. Were there fatalities? | No | | |
| - If Yes, specify the number in each category: | | | |
| 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 | | | |
| 13d. Workers working on the right-of-way, but NOT associated with this Operator | | | |

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| 13e. General public | |
| 13f. Total injuries (sum of above) | |
| 14. Was the pipeline/facility shut down due to the Accident? | Yes |
| - If No, Explain: | |
| - If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock) | |
| 14a. Local time and date of shutdown: | 04/01/2017 18:32 |
| 14b. Local time pipeline/facility restarted: | 04/06/2017 20:12 |
| - Still shut down? (* Supplemental Report Required) | |
| 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 - effective 7- 2014 changed to "Local time Operator identified failure": | 04/01/2017 15:57 |
| 18b. Local time Operator resources arrived on site: | 04/01/2017 17:00 |
| PART B - ADDITIONAL LOCATION INFORMATION | |
| 1. Was the origin of the Accident onshore? | Yes |
| <i>If Yes, Complete Questions (2-12)</i> | |
| <i>If No, Complete Questions (13-15)</i> | |
| - If Onshore: | |
| 2. State: | Pennsylvania |
| 3. Zip Code: | 19543 |
| 4. City: | Morgantown |
| 5. County or Parish: | Berks |
| 6. Operator-designated location: | Survey Station No. |
| Specify: | 2449+12 |
| 7. Pipeline/Facility name: | 8" Twin Oaks-Montello |
| 8. Segment name/ID: | 11190 TWIN-MNTL-8 |
| 9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)? | No |
| 10. Location of Accident: | Pipeline Right-of-way |
| 11. Area of Accident (as found): | Underground |
| Specify: | Under soil |
| - If Other, Describe: | |
| Depth-of-Cover (in): | 29 |
| 12. Did Accident occur in a crossing? | No |
| - If Yes, specify type 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: | |
| - 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 |
| 2. Part of system involved in Accident: | Onshore Pipeline, Including Valve Sites |
| - If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify: | |
| 3. Item involved in Accident: | Weld, including heat-affected zone |
| - If Pipe, specify: | |

| | |
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| 3a. Nominal diameter of pipe (in): | 8 |
| 3b. Wall thickness (in): | .312 |
| 3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): | 35,000 |
| 3d. Pipe specification: | Grade B |
| 3e. Pipe Seam, specify: | Seamless |
| - If Other, Describe: | |
| 3f. Pipe manufacturer: | National Tube |
| 3g. Year of manufacture: | 1931 |
| 3h. Pipeline coating type at point of Accident, specify: | None |
| - If Other, Describe: | |
| - If Weld, including heat-affected zone, specify. If Pipe Girth Weld, 3a through 3h above are required: | Pipe Girth Weld |
| - 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: | 1931 |
| 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: | |
| in. (axial) by | |
| in. (circumferential) | |
| - If Leak - Select Type: | Pinhole |
| - If Other, Describe: | |
| - If Rupture - Select Orientation: | |
| - 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 |
| 1a. If Yes, specify all that apply: | |
| - Fish/aquatic | |
| - Birds | |
| - Terrestrial | |
| 2. Soil contamination: | No |
| 3. Long term impact assessment performed or planned: | No |
| 4. Anticipated remediation: | No |
| 4a. If Yes, specify all that apply: | |
| - Surface water | |
| - Groundwater | |
| - Soil | |
| - Vegetation | |
| - Wildlife | |
| 5. Water contamination: | No |
| 5a. If Yes, specify all that apply: | |
| - Ocean/Seawater | |
| - Surface | |
| - Groundwater | |
| - 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 (HCA) as determined in the Operator's Integrity Management Program? | Yes |
| 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? | Yes |
| 7a. If Yes, specify HCA type(s): (Select all that apply) | |
| - Commercially Navigable Waterway: | |
| Was this HCA identified in the "could affect" | |

| | |
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| 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 | Yes |
| Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program? | Yes |
| - 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 | Yes |
| Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program? | Yes |
| 8. Estimated cost to Operator – effective 12-2012, changed to "Estimated Property Damage": | |
| 8a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 12-2012, "paid/reimbursed by the Operator" removed | \$ 0 |
| 8b. Estimated cost of commodity lost | \$ 205 |
| 8c. Estimated cost of Operator's property damage & repairs | \$ 107,418 |
| 8d. Estimated cost of Operator's emergency response | \$ 150,239 |
| 8e. Estimated cost of Operator's environmental remediation | \$ 0 |
| 8f. Estimated other costs | \$ 42,968 |
| Describe: | Metallurgical Analysis |
| 8g. Estimated total costs (sum of above) – effective 12-2012, changed to "Total estimated property damage (sum of above)" | \$ 300,830 |
| PART E - ADDITIONAL OPERATING INFORMATION | |
| 1. Estimated pressure at the point and time of the Accident (psig): | 1,247.00 |
| 2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig): | 1,480.00 |
| 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 restriction with pressure limits below those normally allowed by the MOP? | 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? | Yes |
| - If Yes - (Complete 5a. – 5f below) effective 12-2012, changed to "(Complete 5.a – 5.e below)" | |
| 5a. Type of upstream valve used to initially isolate release source: | Remotely Controlled |
| 5b. Type of downstream valve used to initially isolate release source: | Manual |
| 5c. Length of segment isolated between valves (ft): | 37,329 |
| 5d. Is the pipeline configured to accommodate internal inspection tools? | Yes |
| - If No, Which physical features limit tool accommodation? (select all that apply) | |
| - 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? | No |

| | |
|--|---|
| - If Yes, Which operational factors complicate execution? (select all that apply) | |
| - Excessive debris or scale, wax, or other wall buildup | |
| - 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 the detection of the Accident? | No |
| 6d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident? | No |
| 7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident? | Yes |
| - If Yes: | |
| 7a. Was it operating at the time of the Accident? | Yes |
| 7b. Was it fully functional at the time of the Accident? | Yes |
| 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? | No |
| 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? | No |
| 8. How was the Accident initially identified for the Operator? | Notification From Public |
| - If Other, Specify: | |
| 8a. If "Controller", "Local Operating Personnel", including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 8, specify: | |
| 9. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident? | 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 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) | A review of the accident determined that there were no control room actions that contributed to the event. |
| - 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 Drug & Alcohol Testing regulations? | No |
| - If Yes: | |
| 1a. Specify how many were tested: | |
| 1b. Specify how many failed: | |
| 2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? | No |
| - If Yes: | |
| 2a. Specify how many were tested: | |
| 2b. Specify how many failed: | |
| PART G – APPARENT CAUSE | |
| <i>Select only one box from PART G in shaded column on left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing or root causes of the Accident in the narrative (PART H).</i> | |
| Apparent Cause: | G1 - Corrosion Failure |
| G1 - Corrosion Failure - only one sub-cause can be picked from shaded left-hand column | |
| Corrosion Failure – Sub-Cause: | External Corrosion |
| - If External Corrosion: | |
| 1. Results of visual examination: | Localized Pitting |
| - If Other, Describe: | |
| 2. Type of corrosion: (select all that apply) | |
| - Galvanic | Yes |
| - Atmospheric | |
| - Stray Current | |
| - Microbiological | Yes |
| - Selective Seam | |
| - Other: | Yes |
| - If Other, Describe: Metallurgical analysis indicated that MIC may have been a contributing factor to the observed external corrosion. | |
| 3. The type(s) of corrosion selected in Question 2 is based on the following: (select all that apply) | |
| - Field examination | Yes |
| - Determined by metallurgical analysis | Yes |
| - Other: | |
| - If Other, Describe: | |
| 4. Was the failed item buried under the ground? | Yes |
| - If Yes : | |
| 4a. Was failed item considered to be under cathodic protection at the time of the Accident? | Yes |
| If Yes - Year protection started: | 1964 |
| 4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident? | No |
| 4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident? | Yes |
| If "Yes, CP Annual Survey" – Most recent year conducted: | 2017 |
| If "Yes, Close Interval Survey" – Most recent year conducted: | 2017 |
| 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? | No |
| - 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 following: (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 | |
| - Other: | |
| - 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 the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld. | |
| 15. Has one or more internal inspection tool collected data at the point of the Accident? | Yes |
| 15a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: - | |
| - Magnetic Flux Leakage Tool | Yes |
| Most recent year: | 2017 |
| - Ultrasonic | |
| Most recent year: | |
| - Geometry | Yes |
| Most recent year: | 2017 |
| - Caliper | |
| Most recent year: | |
| - Crack | Yes |
| Most recent year: | 2013 |
| - 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? | Yes |
| If Yes - | |
| Most recent year tested: | 2014 |
| Test pressure: | 2,072.00 |
| 17. Has one or more Direct Assessment been conducted on this segment? | No |
| - 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? | No |
| 18a. 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: | |

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| G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed column | |
| Natural Force Damage – Sub-Cause: | |
| - 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 Other Natural Force Damage: | |
| 5. Describe: | |
| Complete the following if any Natural Force Damage sub-cause is selected. | |
| 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 shaded left-hand column | |
| Excavation Damage – Sub-Cause: | |
| - 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? | |
| 1a. If Yes, for each tool used, select type of internal inspection tool and indicate 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: |
| 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: | |
| 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: | |
| Most recent year conducted: | |
| - If Yes, but the point of the Accident was not identified as a dig site: | |
| Most recent year conducted: | |
| 5. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? | |

| | |
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| 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 selected as the sub-cause. | |
| 6. Did the operator get prior notification of the excavation activity? | |
| 6a. If Yes, Notification received from: <i>(select all that apply)</i> - | |
| - One-Call System | |
| - Excavator | |
| - Contractor | |
| - Landowner | |
| 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: <i>(select all that apply)</i> - | |
| - Public | |
| - If "Public", Specify: | |
| - Private | |
| - 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 <i>(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):</i> | |
| 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 selected from the shaded left-hand column | |
| Other Outside Force Damage - Sub-Cause: | |
| - If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation: | |
| 1. Vehicle/Equipment operated by: | |
| - If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring: | |
| 2. Select one or more of the following IF an extreme weather event was a factor: | |
| - Hurricane | |
| - Tropical Storm | |
| - Tornado | |

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| - Heavy Rains/Flood | |
| - Other | |
| - If Other, Describe: | |
| - If Previous Mechanical Damage NOT Related to Excavation: Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from 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 indicate 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: |
| 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: | |
| 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, 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: | |
| - If Intentional Damage: | |
| 8. Specify: | |
| - If Other, Describe: | |
| - If Other Outside Force Damage: | |
| 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 shown above is based on the following: (select all that apply) | |

| | |
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| - 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 Environmental Cracking-related: | |
| 3. Specify: | |
| - If Other - Describe: | |
| Complete the following if any Material Failure of Pipe or Weld sub-cause 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 and indicate most recent year run: | |
| - Magnetic Flux Leakage | Most recent year run: |
| - Ultrasonic | 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? | |
| - 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: |
| 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, 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: | |
| G6 – Equipment Failure – only one sub-cause can be selected from the shaded left-hand column | | |
| Equipment Failure – Sub-Cause: | | |
| - If Malfunction of Control/Relief Equipment: | | |
| 1. Specify: <i>(select all that apply)</i> – | | |
| - Control Valve | | |
| - Instrumentation | | |
| - SCADA | | |
| - Communications | | |
| - 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: | | |
| 3. Specify: | | |
| | - If Other – Describe: | |
| - If Non-threaded Connection Failure: | | |
| 4. Specify: | | |
| | - If Other – Describe: | |
| - 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: <i>(select all that apply)</i> | | |
| - Excessive vibration | | |
| - Overpressurization | | |
| - No support or loss of support | | |
| - 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 | | |
| | - If Other, Describe: | |
| G7 – Incorrect Operation – only one sub-cause can be selected from the shaded left-hand column | | |
| Incorrect Operation – Sub-Cause: | | |

| | |
|--|--------------------------------|
| - If Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow | |
| 1. Specify: | |
| - If Other, Describe: | |
| - If Other Incorrect Operation | |
| 2. Describe: | |
| Complete the following if any Incorrect Operation sub-cause is selected. | |
| 3. Was this Accident related to <i>(select all that apply)</i> : - | |
| - 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 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 | |
| <p>On April 1, 2017 at 15:57, a call was received by the Sunoco Pipeline LP (SPLP) Control Center via the company emergency number from a landowner reporting a possible leak along the pipeline ROW at 5530 Morgantown Rd, Morgantown, PA. Internal notifications were made and SPLP field personnel were immediately dispatched to the field to investigate. Field personnel arrived onsite at approximately 17:00 and confirmation of the release was made at approximately 17:04. NRC notification was made at 17:59 (Report 1174615) that same day. Required follow up report to NRC was made on April 3, 2017 at 15:46 (Report 1174748) updating the volume released to 20bbls and also providing updated coordinates of the release location.</p> <p>The pipeline was shut down and the affected area was isolated via upstream and downstream mainline valves. Product was displaced and the isolated segment was nitrogen purged. Subsequent excavation revealed the source of the leak as an external corrosion pinhole. The affected section of piping was cut out and replaced and the failed section was sent to a 3rd party laboratory for failure analysis. Failure analysis indicated that the leak occurred at the bottom of the pipe at an area of external corrosion coincident with the heat affected zone of a girth weld. The failure analysis confirmed the cause as external corrosion and indicated that microbiologically induced corrosion (MIC) may have contributed to the observed external corrosion.</p> | |
| PART I - PREPARER AND AUTHORIZED SIGNATURE | |
| Preparer's Name | Todd G. Nardozzi |
| Preparer's Title | DOT Compliance Sr. Manager |
| Preparer's Telephone Number | 281-637-6576 |
| Preparer's E-mail Address | TGNardozzi@sunocologistics.com |
| Preparer's Facsimile Number | 877-917-0448 |
| Authorized Signer Name | Todd G. Nardozzi |
| Authorized Signer Title | DOT Compliance Sr. Manager |
| Authorized Signer Telephone Number | 281-637-6576 |
| Authorized Signer Email | TGNardozzi@sunocologistics.com |
| Date | 05/01/2018 |