

	U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	LOUISIANA DEPARTMENT OF NATURAL RESOURCES ANNUAL REPORT FOR CALENDAR YEAR 20__ HAZARDOUS LIQUID OR CARBON DIOXIDE SYSTEMS	INITIAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/>
Important: Please read the separate instructions for completing this form before you begin.			
System Type: 1. Crude Oil <input type="checkbox"/> 2. HVLs <input type="checkbox"/> 3. Petroleum & Refined Products <input type="checkbox"/> 4. CO ₂ or other <input type="checkbox"/>			
PART A - *OPERATOR INFORMATION		DOT USE ONLY	
1. NAME OF OWNER _____ NAME OF OPERATOR _____		3. OWNER'S 4-DIGIT IDENTIFICATION NUMBER _____ / _____ / _____ / _____ / _____	
2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED _____ Number & Street _____ City & County _____ State & Zip Code		4. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT (CONTACT FOR <u>CORPORATE OFFICIAL</u> , V. P. OR ABOVE) _____ Number & Street _____ City & County _____ State & Zip Code	

PART B - MILES OF STEEL PIPE BY LOCATION/PROTECTION					
	Cathodically protected		Cathodically unprotected		Total Miles That Could Affect HCAs
	Bare	Coated	Bare	Coated	
Onshore					Onshore
Offshore					Offshore
Total Miles of Pipe					Total Miles

PART C - MILES OF STEEL PIPE BY NOMINAL PIPE SIZE (NPS) BY LOCATION									
	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	Onshore								
22"		24"	26"	28"	30"	32"	34"	36"	over 36"
Offshore	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	22"	24"	26"	28"	30"	32"	34"	36"	over 36"

PART D - MILES OF PIPE BY DECADE INSTALLED										
Pre-20 or Unknown	1920 - 1929	1930 - 1939	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989	1990 - 1999	2000 - 2009	Total

PART E - MILES OF ELECTRONIC RESISTANCE WELD (ERW) PIPE BY WELD TYPE AND DECADE										
Decade Pipe Installed	Pre-40 or Unknown	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989	1990 - 1999	2000 - 2009	Total	
High Frequency										
Low Frequency and DC										
Total Miles of Pipe										

PART F - MILES OF PIPE BY SPECIFIED MINIMUM YIELD STRENGTH

Less than or equal to 20 % SMYS	Onshore Miles	Offshore Miles
	Greater than 20% SMYS	

PART G - MILES OF REGULATED GATHERING LINES	Total:
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PART H - BREAKOUT TANKS	<input type="checkbox"/> Check here and proceed to Part I if you submitted breakout tank info via the National Pipeline Mapping System.
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Commodity	Total Number of Tanks Less than or equal to 50,000 Bbls	Total Number of Tanks 50,001 to 100,000 Bbls	Total Number of Tanks 100,001 to 150,000 Bbls	Total Number of Tanks Over 150,000 Bbls	Total Number of Tanks

PART I - VOLUME TRANSPORTED IN BARREL-MILES:	
System Type 1: Crude oil:	
System Type 2: HVLs (flammable or toxic fluids, which are gases at ambient conditions, including anhydrous ammonia):	
Of all HVL volumes – report the amount that is anhydrous ammonia only	
System Type 3: Refined and/or petroleum products (gasoline, diesel, fuel or other petroleum products, liquid at ambient conditions):	
System Type 4. CO ₂ or other nonflammable, non-toxic fluids (gases at ambient temperature):	
Of all CO ₂ or other nonflammable, non-toxic fluid volumes - report amount that is CO ₂ only	

PART J - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION	
1. MILEAGE INSPECTED USING THE FOLLOWING IN-LINE INSPECTIONS (ILI) TOOLS	
a. Corrosion or metal loss tools	
b. Dent or deformation tools	
c. Crack or long seam defect detection tools	
d. Any other internal inspection tools	
e. Total mileage inspected in calendar year using in-line inspection tools (lines a + b + c + d)	
2. ACTIONS TAKEN BASED ON IN-LINE INSPECTIONS	
a. Based on ILI data, how many anomalies were excavated because they met the operator's criteria for excavation.	
b. Total number of conditions identified and repaired in calendar year based on the operator's criteria.	
c. Total Number of Anomalies Within an HCA Segment Meeting the Definition of:	
1. "immediate repair condition" [195.452(h)(4)(i)]	
2. "60 day condition" [195.452(h)(4)(ii)]	
3. "180-day condition" [195.452(h)(4)(iii)]	
3. PRESSURE TESTING	
a. Total mileage inspected by pressure testing.	
b. Total number of ruptures (complete failure of pipe wall) during hydrostatic testing.	
c. Total number of leaks (less than complete wall failure but including escape of test medium) during hydrostatic testing.	
d. Total number of hydrostatic test failures repaired during calendar year.	
4. OTHER INSPECTION TECHNIQUES, INCLUDING DIRECT ASSESSMENT	
a. Total mileage inspected by inspection techniques (other than pressure testing and in-line inspection)	
b. Total Number of Anomalies Within an HCA Segment Meeting the Definition of:	
1. "immediate repair condition" [195.452(h)(4)(i)]	
2. "60 day condition" [195.452(h)(4)(ii)]	
3. "180-day condition" [195.452(h)(4)(iii)]	
c. Total number of conditions identified by other inspection techniques (Lines 4.b.1 + 4.b.2 + 4.b.3) identified and repaired in calendar year.	
5. TOTAL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN	
a. Total mileage inspected (Lines 1.e + 3.a + 4.a)	
b. Total number of conditions repaired (Lines 2.b + 3.d + 4.c)	

PART K - MILEAGE OF BASELINE ASSESSMENTS COMPLETED	
a. Between January 1, 1996 and December 31, 2002 (previously acceptable assessments)	
b. Between January 1, 2003 and December 31, 2003	
c. Between January 1, 2004 and December 31, 2004	
d. Between January 1, 2005 and December 31, 2005	
e. Between January 1, 2006 and December 31, 2006	
f. Between January 1, 2007 and December 31, 2007	
g. Between January 1, 2008 and December 31, 2008	
f. Between January 1, 2009 and December 31, 2009	

PART L - PREPARER AND AUTHORIZED SIGNATURE	
_____ (type or print) <u>Preparer's</u> Name and Title	_____ Area Code and Telephone Number
_____ <u>Preparer's</u> E-mail Address	_____ Area Code and Facsimile Number
_____ Preparer/Authorized Signature	_____ Area Code and Telephone Number
_____ (type or print) <u>Senior Executive Officer's</u> Name and Title Certifying Information on Part J and K as required by 49 U.S.C. 60109(f):	_____ Area Code and Telephone Number
_____ (Authorized signature) <u>Senior Executive Officer's</u> Signature Certifying Information on Part J and K as required by 49 U.S.C. 60109(f)	_____ DATE

Form PHMSA F 7000-1.1 ([La. Rev. 11-2009](#))

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ATTACHMENT "A" HAS BEEN COMPLETED? YES _____ NO _____

