

Act 127 Pennsylvania Pipeline Operator Annual Registration Form

County States of County County					
	Please	submit completed form by	March 31		
	7 70030	Japinit John Protect (Britis =)			
Registration for Previous C	alandar Voor Er	nding: 2015	·		
	alelluar real Li	A-2012-2294551		 ,	
Docket Number:		[A-2012-229455]			
If you need help getting your	docket number,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-RCd b	-d- N (- 10 -	
		gov and go to the bottom se	ction of the nome page ur	ider Natural Gas.	
 Click on the link for A 					
 On the Act 127 page 	you will see a lin	ik on the lower section of the	e page under Pipeline Ope	rators Registry.	
 Click on the link to "V 	iew Current List	of Registered Pipeline Opera	ators."		
Click on the utility cor	de next to your na	ame; find the Docket Number	er (A-2012-xxxxxx) under t	he Docketed Cases.	
Registrant (Full name	of nineline one	rator): Sharp Gas Inc. dba	Sharo Energy		
1. (teglociant (t all flatte	or promise spe	, , , , , , , , , , , , , , , , , , , ,			
Comments: If applicable, exp	alala any chagas	e to your company name or	legal status /acquisition in	nerner etc) in the	
	nam any change	s to your company hame or	iogai status (acquisition, n	lenger, etc.) in the	
past calendar year.					
					
				— 	
2. Types of Pipelines an	d/or Facilities.				
Please note that natur	<u>ral gas public ut</u>	tilities are not required to f	ile this form.		
Pipelines and/or facil	lities covered b	y this form are associate	ed with the following ty	pes of facilities and	
	g types of comn	modities: (select all that ap	ply)	<u> </u>	
Gas Distribution				20	
Natural Gas		Propane Gas 🔽		25 26	
Gas Transmission					
Natural Gas				37 2 C	
Propane Gas		├ ॉ		रील कि ।।	
		Define:		<u> </u>	
Other Gas		Defilite.		(a) 	
	~			- 	
Gas Gathering		<u> </u>	 	7 0 E	
Hazardous Liquid	····				
Other		Define:			
 					
3. Main Mailing Address:					
		nmission will serve all cori	respondence relating to	this registration.	
Street Address/P. O. I	Вох:	520 Commerce Street			
City, State, Zip Code:		Salisbury MD 21804			
4. Physical Address:	*				
Provide the address of your primary Pennsylvania facility. This address is needed by the Commission to				he Commission to	
perform inspections a					
Do not provide a post					
Street Address:		31 Overhill Road	······································	_	
City, State, Zip Code:		Coatsville, Pennsylvania 19	320		
5. US DOT Operator ID Number: 225304					
		hy the United States	225304		
Provide the number assigned to you by the United States Department of Transportation, Pipeline Hazardous and					
Materials Safety Administration (PHMSA).					
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6. PA L&I Propane Regist	tantion Normalism		T	<u> </u>	
			N/A		
Provide your propane registration number with the					
Pennsylvania Department of Labor and Industry (if applicable).					
If you do not have a number, please enter "N/A".					

7. Regulatory Contact Information: Complete in full with contact informations and other matters pertain	ation of the person in your company the Commission can contact for ing to your registration and operations.
Name:	Lee Patrick
04	
Street Address:	520 Commerce Street
City, State, Zip Code:	Salisbury, MD 21804
Email Address:	lpatrick@chpk.com
Telephone Number:	(410) 548-5515
Commission's assessment (billing) i	ation of the person in your company who is responsible for receiving the nvoices and paying the assessment under Act 127.
Name:	Ron Patrick
Street Address:	520 Commerce Street
City, State, Zip Code:	Salisbury, MD 21804
Email Address:	rpatrick@chpk.com
Telephone Number:	(443) 260-1523
respinate Namber.	(443) 200-1023
9. Federal EIN Number (if applicable):	510255314
10. Pipeline Emergency (PEMA) Contact Complete in full with contact informa an emergency situation. This informa Emergency Management Authority (F	tion of the person in your company who the Commission can call in ation is critical to the Commission's interactions with the Pennsylvania
TVANTOT.	Honrow
Street Address:	520 Commerce Street
City, State, Zip Code	Salisbury, MD 21804
Email Address:	rpatrick@chpk.com
Linan Address.	TPatrion@criph.com
Telephone Number:	(443) 260-1523
	ney is filing this registration form on your company's behalf.
Name:	
Street Address:	
City, State, Zip Code	
Empt Address	
Email Address:	
Telephone Number:	
12. Operational Information:	
Comments: Report any newly installed pipelin year's registration.	e, and explain any additions, deletions or variations since your previous

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Complete Attachments "A" and "B". For each Pennsylvania mileage in operation as of December 31 of the prior year, to each individual pipe. Multiple pipelines in one trench are conhave no miles to report on these attachments, check the analysis.	by class and by county. Mileage should be reported for considered individual pipes for reporting purposes. If you ppropriate block at the top of the form(s).
Complete Attachment "C" by providing the country of manu- installed in the prior calendar year in Pennsylvania for the country.	afacture and mileage data for all tubular steel products
13. Filing Fee:	
The filing fee for this Annual Registration Form is \$250, pa The filing fee can either be mailed or electronically paid when a NOTE: If you are a Propane Distributor registered with the filing fee.	Filing your form with the Commission's eFiling system.
Fee Exemptions (please indicate if either exemption ap	nline):
Propane Distributor registered with PA L&I	D
Borough	
14. Verification:	
The person responsible (corporate officer or attorney) for the her signature and verify that all information provided on the information and belief. NOTE: Registration Forms that are	e form is true to the best of his or her knowledge,
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I hereby state that the information in this application is true and belief. I understand that the statements herein are made subject unsworn falsification to authorities).	
Name:	Signature:
Lee Patrick	- Jel talaint
Title:	Date:
Training and Compliance Manager	3/23/2016
Training and compliance manager	
15. Registration:	
eFiling:	
Registration Forms may be eFiled with the PUC. If eFili click on the eFiling link on the bottom of the page under Issues, type of filing and enter your docket number where indicated.	
By mail:	
Send original, signed copy of registration form along wit	th attachments and filing fee (if applicable) to:
Secretary, PA Public Utility Commission Keystone Building, 2 nd Floor 400 North Street Harrisburg, PA 17120	
Reminders:	
 It is the responsibility of registrants to keep the Con information by providing notice, in writing, to the Co 	ommission's Secretary at the above address.
 Incomplete registration forms or those missing any delayed for processing until the required informatio you require assistance or have questions when com 	n is sent to the Commission's Secretary's Bureau. If
 Registrations are public records. Accordingly, DO N numbers, bank account numbers or other confident 	
**************************************	ECICTOATION CORM FOR VOLUE DECORDERANS
***********PLEASE KEEP A COPY OF YOUR COMPLETED R	EGISTRATION FORM FOR TOUR RECORDS
Additional Comments: Use this section to add any additional in	nformation:
Southview Estates	
SOURDIEW ESTRIES	

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