



**Act 127**  
**Pennsylvania Pipeline Operator Annual Registration Form**

*Please submit completed form by March 31*

**Registration for Previous Calendar Year Ending:**

**Docket Number:**

If you need help getting your docket number,

- Go to our website, <http://www.puc.pa.gov> and go to the bottom section of the home page under Natural Gas.
- Click on the link for Pipeline Safety, then click on the link for Act 127 (Pipeline Act).
- On the Act 127 page you will see a link on the lower section of the page under Pipeline Operators Registry.
- Click on the link to "View Current List of Registered Pipeline Operators."
- Click on the utility code next to your name; find the Docket Number (A-2012-xxxxxx) under the Docketed Cases.

**1. Registrant (Full name of pipeline operator):**

**Comments:** If applicable, explain any changes to your company name or legal status (acquisition, merger, etc.) in the past calendar year.

**2. Types of Pipelines and/or Facilities.**

**Please note that natural gas public utilities are not required to file this form.**

**Pipelines and/or facilities covered by this form are associated with the following types of facilities and transport the following types of commodities: (select all that apply)**

Gas Distribution

Natural Gas

☐

Propane Gas

☐

Gas Transmission

Natural Gas

☐

Propane Gas

☐

Other Gas

☐

Define:

Gas Gathering

☐

Hazardous Liquid

☐

Other

☐

Define:

**3. Main Mailing Address:**

**Provide the address to which the Commission will serve all correspondence relating to this registration.**

Street Address/P. O. Box:

City, State, Zip Code:

**4. Physical Address:**

**Provide the address of your primary Pennsylvania facility. This address is needed by the Commission to perform inspections and onsite visits.**

**Do not provide a post office box number.**

Street Address:

City, State, Zip Code:

**5. US DOT Operator ID Number:**

**Provide the number assigned to you by the United States Department of Transportation, Pipeline Hazardous and Materials Safety Administration (PHMSA).**

**6. PA L&I Propane Registration Number:**

**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.                                                                                                                                                | <b>Regulatory Contact Information:</b><br><i>Complete in full with contact information of the person in your company the Commission can contact for questions and other matters pertaining to your registration and operations.</i>                                                                                       |
|                                                                                                                                                   | Name: <input type="text"/>                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                   | Street Address: <input type="text"/>                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                   | City, State, Zip Code: <input type="text"/>                                                                                                                                                                                                                                                                               |
|                                                                                                                                                   | Email Address: <input type="text"/>                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                   | Telephone Number: <input type="text"/>                                                                                                                                                                                                                                                                                    |
| 8.                                                                                                                                                | <b>Assessment Contact Information:</b><br><i>Complete in full with contact information of the person in your company who is responsible for receiving the Commission's assessment (billing) invoices and paying the assessment under Act 127.</i>                                                                         |
|                                                                                                                                                   | Name: <input type="text"/>                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                   | Street Address: <input type="text"/>                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                   | City, State, Zip Code: <input type="text"/>                                                                                                                                                                                                                                                                               |
|                                                                                                                                                   | Email Address: <input type="text"/>                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                   | Telephone Number: <input type="text"/>                                                                                                                                                                                                                                                                                    |
| 9.                                                                                                                                                | <b>Federal EIN Number</b> (if applicable): <input type="text"/>                                                                                                                                                                                                                                                           |
| 10.                                                                                                                                               | <b>Pipeline Emergency (PEMA) Contact Information:</b><br><i>Complete in full with contact information of the person in your company who the Commission can call in an emergency situation. This information is critical to the Commission's interactions with the Pennsylvania Emergency Management Authority (PEMA).</i> |
|                                                                                                                                                   | Name: <input type="text"/>                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                   | Street Address: <input type="text"/>                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                   | City, State, Zip Code: <input type="text"/>                                                                                                                                                                                                                                                                               |
|                                                                                                                                                   | Email Address: <input type="text"/>                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                   | Telephone Number: <input type="text"/>                                                                                                                                                                                                                                                                                    |
| 11.                                                                                                                                               | <b>Attorney</b> (if applicable):<br><i>Complete this section only if an attorney is filing this registration form on your company's behalf.</i>                                                                                                                                                                           |
|                                                                                                                                                   | Name: <input type="text"/>                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                   | Street Address: <input type="text"/>                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                   | City, State, Zip Code: <input type="text"/>                                                                                                                                                                                                                                                                               |
|                                                                                                                                                   | Email Address: <input type="text"/>                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                   | Telephone Number: <input type="text"/>                                                                                                                                                                                                                                                                                    |
| 12.                                                                                                                                               | <b>Operational Information:</b> <input type="text"/>                                                                                                                                                                                                                                                                      |
| <b>Comments:</b> Report any newly installed pipeline, and explain any additions, deletions or variations since your previous year's registration. |                                                                                                                                                                                                                                                                                                                           |
| <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                           |
| <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                           |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|--|--|---------------|--------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>Complete Attachments "A" and "B". For each Pennsylvania gas or hazardous liquids pipeline, provide the in-state mileage in operation as of December 31 of the prior year, by class and by county. Mileage should be reported for each individual pipe. Multiple pipelines in one trench are considered individual pipes for reporting purposes. If you have no miles to report on these attachments, check the appropriate block at the top of the form(s).</li> <li>Complete Attachment "C" by providing the country of manufacture and mileage data for all tubular steel products installed in the prior calendar year in Pennsylvania for the exploration, gathering or transmission of natural gas or hazardous liquids. If you have no data to report on this attachment, check the appropriate block at the top of the form.</li> </ul> |              |                   |  |  |               |              |  |  |
| <b>13.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Filing Fee:</b><br><i>The filing fee for this Annual Registration Form is \$250, payable to the "Commonwealth of Pennsylvania."</i><br>The filing fee can either be mailed or electronically paid when eFiling your form with the Commission's eFiling system.<br><b><u>NOTE: If you are a Propane Distributor registered with the PA L&amp;I or a Borough, you are exempt from paying this filing fee.</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                   |  |  |               |              |  |  |
| Fee Exemptions (please indicate if either exemption applies):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |
| Propane Distributor registered with PA L&I <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |
| Borough <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |
| <b>14.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Verification:</b><br><i>The person responsible (corporate officer or attorney) for filing your Annual Registration Form must affix his or her signature and verify that all information provided on the form is true to the best of his or her knowledge, information and belief. <b><u>NOTE: Registration Forms that are not verified will not be accepted for filing.</u></b></i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                   |  |  |               |              |  |  |
| I hereby state that the information in this application is true and correct to the best of my knowledge, information and belief. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><b>Name:</b></td> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"><b>Signature:</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"><b>Title:</b></td> <td style="border-bottom: 1px solid black; text-align: center;"><b>Date:</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Name:</b> | <b>Signature:</b> |  |  | <b>Title:</b> | <b>Date:</b> |  |  |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Signature:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                   |  |  |               |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |
| <b>Title:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                   |  |  |               |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |
| <b>15.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Registration:</b><br><b>eFiling:</b><br>Registration Forms may be eFiled with the PUC. If eFiling your renewal form, go to <a href="http://www.puc.pa.gov">http://www.puc.pa.gov</a> and click on the eFiling link on the bottom of the page under Issues, News & Reports. Please choose "Existing Case" as the type of filing and enter your docket number where indicated.<br><b>By mail:</b><br>Send original, signed copy of registration form along with attachments and filing fee (if applicable) to:<br>Secretary, PA Public Utility Commission<br>Keystone Building, 2 <sup>nd</sup> Floor<br>400 North Street<br>Harrisburg, PA 17120                                                                                                                                                                                                                                    |              |                   |  |  |               |              |  |  |
| <b>Reminders:</b> <ul style="list-style-type: none"> <li>It is the responsibility of registrants to keep the Commission notified of any changes to your contact information by providing notice, in writing, to the Commission's Secretary at the above address.</li> <li>Incomplete registration forms or those missing any attachments are unacceptable for filing and will be delayed for processing until the required information is sent to the Commission's Secretary's Bureau. If you require assistance or have questions when completing this form, call 717-772-7777.</li> <li>Registrations are public records. Accordingly, DO NOT place social security numbers, credit card numbers, bank account numbers or other confidential information on the registration form.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |
| *****PLEASE KEEP A COPY OF YOUR COMPLETED REGISTRATION FORM FOR YOUR RECORDS*****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |
| <b>Additional Comments:</b> Use this section to add any additional information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   |  |  |               |              |  |  |

**Attachment A**

**Hazardous Liquids Lines  
Calendar Year Ending:  
Pipeline Operator:**

Please check here if you have no reportable Hazardous Liquids Lines ☐

Please report mileage to the nearest 1/10th of a mile.

**HCA = High Consequence Area**

| County     | Intrastate |     | Interstate |     | Total |
|------------|------------|-----|------------|-----|-------|
|            | Non-HCA    | HCA | Non-HCA    | HCA |       |
| Adams      |            |     |            |     |       |
| Allegheny  |            |     |            |     |       |
| Armstrong  |            |     |            |     |       |
| Beaver     |            |     |            |     |       |
| Bedford    |            |     |            |     |       |
| Berks      |            |     |            |     |       |
| Blair      |            |     |            |     |       |
| Bradford   |            |     |            |     |       |
| Bucks      |            |     |            |     |       |
| Butler     |            |     |            |     |       |
| Cambria    |            |     |            |     |       |
| Cameron    |            |     |            |     |       |
| Carbon     |            |     |            |     |       |
| Centre     |            |     |            |     |       |
| Chester    |            |     |            |     |       |
| Clarion    |            |     |            |     |       |
| Clearfield |            |     |            |     |       |
| Clinton    |            |     |            |     |       |
| Columbia   |            |     |            |     |       |
| Crawford   |            |     |            |     |       |
| Cumberland |            |     |            |     |       |
| Dauphin    |            |     |            |     |       |
| Delaware   |            |     |            |     |       |
| Elk        |            |     |            |     |       |
| Erie       |            |     |            |     |       |
| Fayette    |            |     |            |     |       |
| Forest     |            |     |            |     |       |
| Franklin   |            |     |            |     |       |
| Fulton     |            |     |            |     |       |
| Greene     |            |     |            |     |       |
| Huntingdon |            |     |            |     |       |
| Indiana    |            |     |            |     |       |
| Jefferson  |            |     |            |     |       |
| Juniata    |            |     |            |     |       |
| Lackawanna |            |     |            |     |       |
| Lancaster  |            |     |            |     |       |
| Lawrence   |            |     |            |     |       |
| Lebanon    |            |     |            |     |       |
| Lehigh     |            |     |            |     |       |
| Luzerne    |            |     |            |     |       |
| Lycoming   |            |     |            |     |       |
| McKean     |            |     |            |     |       |
| Mercer     |            |     |            |     |       |
| Mifflin    |            |     |            |     |       |
| Monroe     |            |     |            |     |       |
| Montgomery |            |     |            |     |       |

|                |  |  |  |  |  |
|----------------|--|--|--|--|--|
| Montour        |  |  |  |  |  |
| Northampton    |  |  |  |  |  |
| Northumberland |  |  |  |  |  |
| Perry          |  |  |  |  |  |
| Philadelphia   |  |  |  |  |  |
| Pike           |  |  |  |  |  |
| Potter         |  |  |  |  |  |
| Schuylkill     |  |  |  |  |  |
| Snyder         |  |  |  |  |  |
| Somerset       |  |  |  |  |  |
| Sullivan       |  |  |  |  |  |
| Susquehanna    |  |  |  |  |  |
| Tioga          |  |  |  |  |  |
| Union          |  |  |  |  |  |
| Venango        |  |  |  |  |  |
| Warren         |  |  |  |  |  |
| Washington     |  |  |  |  |  |
| Wayne          |  |  |  |  |  |
| Westmoreland   |  |  |  |  |  |
| Wyoming        |  |  |  |  |  |
| York           |  |  |  |  |  |
|                |  |  |  |  |  |
| <b>Total</b>   |  |  |  |  |  |

**Attachment B**

**Mileage**  
**Calendar Year Ending:**  
**Pipeline Operator:**

Please check here if you have no miles to report ☐

Act 127 mileage reporting for this form should not include any pipelines subject to the exclusive jurisdiction of the Federal Energy Regulatory Commission.

Please report mileage to the nearest 1/10th of a mile.

| County     | Number of Farm Taps | Class 1 Gathering (Conventional) | Class 1 Gathering (Unconventional) | Class 1 Transmission & Distribution | Gathering, Transmission & Distribution        |                                               |                                               |                                       |
|------------|---------------------|----------------------------------|------------------------------------|-------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|---------------------------------------|
|            |                     |                                  |                                    |                                     | Class 2 Gathering Transmission & Distribution | Class 3 Gathering Transmission & Distribution | Class 4 Gathering Transmission & Distribution | Total Class 1 T&D + Class 2+3+4 G,T&D |
| Adams      |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Allegheny  |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Armstrong  |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Beaver     |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Bedford    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Berks      |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Blair      |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Bradford   |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Bucks      |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Butler     |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Cambria    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Cameron    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Carbon     |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Centre     |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Chester    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Clarion    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Clearfield |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Clinton    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Columbia   |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Crawford   |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Cumberland |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Dauphin    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Delaware   |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Elk        |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Erie       |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Fayette    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Forest     |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Franklin   |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Fulton     |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Greene     |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Huntingdon |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Indiana    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Jefferson  |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Juniata    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Lackawanna |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Lancaster  |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Lawrence   |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Lebanon    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Lehigh     |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Luzerne    |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |
| Lycoming   |                     |                                  |                                    |                                     |                                               |                                               |                                               |                                       |

|                |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|
| McKean         |  |  |  |  |  |  |  |  |
| Mercer         |  |  |  |  |  |  |  |  |
| Mifflin        |  |  |  |  |  |  |  |  |
| Monroe         |  |  |  |  |  |  |  |  |
| Montgomery     |  |  |  |  |  |  |  |  |
| Montour        |  |  |  |  |  |  |  |  |
| Northampton    |  |  |  |  |  |  |  |  |
| Northumberland |  |  |  |  |  |  |  |  |
| Perry          |  |  |  |  |  |  |  |  |
| Philadelphia   |  |  |  |  |  |  |  |  |
| Pike           |  |  |  |  |  |  |  |  |
| Potter         |  |  |  |  |  |  |  |  |
| Schuylkill     |  |  |  |  |  |  |  |  |
| Snyder         |  |  |  |  |  |  |  |  |
| Somerset       |  |  |  |  |  |  |  |  |
| Sullivan       |  |  |  |  |  |  |  |  |
| Susquehanna    |  |  |  |  |  |  |  |  |
| Tioga          |  |  |  |  |  |  |  |  |
| Union          |  |  |  |  |  |  |  |  |
| Venango        |  |  |  |  |  |  |  |  |
| Warren         |  |  |  |  |  |  |  |  |
| Washington     |  |  |  |  |  |  |  |  |
| Wayne          |  |  |  |  |  |  |  |  |
| Westmoreland   |  |  |  |  |  |  |  |  |
| Wyoming        |  |  |  |  |  |  |  |  |
| York           |  |  |  |  |  |  |  |  |
|                |  |  |  |  |  |  |  |  |
| <b>Total</b>   |  |  |  |  |  |  |  |  |

## Attachment C

Country of Manufacture  
Calendar Year Ending:  
Pipeline Operator:

**Please check here if you have no lines installed in the previous calendar year ☐**

**Please report mileage to the nearest 1/10th of a mile**

[illegible]