

## Act 127 Pennsylvania Pipeline Operator Annual Registration Form

| <u> </u> | Please submit completed form by March 31  |  |  |  |  |  |
|----------|---|--|--|--|--|--|
| Por      | istration for Brovious Calendar Voar Ending:  |  |  |  |  |  |
|          | istration for Previous Calendar Year Ending:<br>ket Number:   |  |  |  |  |  |
|          | u need help getting your docket number,   |  |  |  |  |  |
|          | <ul> <li>Click on the link for Pipeline Safety, then click on the link for Act 127 (Pipeline Act).</li> </ul>   |  |  |  |  |  |
|          |   |  |  |  |  |  |
| •        | <ul> <li>Click on the link to "View Current List of Registered Pipeline Operators."</li> </ul>  |  |  |  |  |  |
|          | 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):  |  |  |  |  |  |
|          |   |  |  |  |  |  |
|          | <b>ments:</b> If applicable, explain any changes to your company name or legal status (acquisition, merger, etc.) in the calendar year.   |  |  |  |  |  |
|          |   |  |  |  |  |  |
| -        | Types of Divelines and/or Facilities  |  |  |  |  |  |
| 2.       | Types of Pipelines and/or Facilities.   |  |  |  |  |  |
|          | Please note that natural gas public utilities are not required to file this form.<br>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:<br>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:<br>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:   |  |  |  |  |  |
| 0.       | 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 inform  | ation of the person in your company the Commission can contact for  |
|                                       |   | ing to your registration and operations.  |
|                                       | Name:   |   |
|                                       |   |   |
|                                       | Street Address:   |   |
|                                       | City, State, Zip Code:  |   |
|                                       |   |   |
|                                       | Email Address:  |   |
|                                       |   |   |
|                                       | Telephone Number:   |   |
|                                       |   |   |
| 8.                                    | Assessment Contact Information:   |   |
|                                       |   | ation of the person in your company who is responsible for receiving the  |
|                                       |   | invoices and paying the assessment under Act 127.   |
|                                       | Name:   |   |
|                                       |   |   |
|                                       | Street Address:   |   |
|                                       | City, State, Zip Code:  |   |
|                                       |   |   |
|                                       | Email Address:  |   |
|                                       |   |   |
|                                       | Telephone Number:   |   |
|                                       |   |   |
| 9.                                    | Federal EIN Number (if applicable):   |   |
|                                       | Pipeline Emergency (PEMA) Contact   |   |
| 10.                                   | Complete in full with contact inform<br>an emergency situation. This inform<br>Emergency Management Authority ( | ation of the person in your company who the Commission can call in ation is critical to the Commission's interactions with the Pennsylvania |
|                                       | Name:   |   |
|                                       |   |   |
|                                       | Street Address:   |   |
|                                       | City, State, Zip Code   |   |
|                                       |   |   |
|                                       | Email Address:  |   |
|                                       |   | 1   |
|                                       | Telephone Number:   |   |
|                                       |   |   |
| 11.                                   | Attorney (if applicable):   |   |
|                                       |   | rney is filing this registration form on your company's behalf.   |
|                                       | Name:   |   |
|                                       |   |   |
|                                       | Street Address:   |   |
|                                       | City, State, Zip Code   |   |
|                                       |   |   |
|                                       | Email Address:  |   |
|                                       |   | 1   |
|                                       | Telephone Number:   |   |
|                                       |   | 1   |
| 12.                                   | <b>Operational Information:</b>   |   |
|                                       |   |   |
|                                       |   | ne, and explain any additions, deletions or variations since your previous  |
| year                                  | 's registration.  |   |
|                                       |   |   |
|                                       |   |   |
| · · · · · · · · · · · · · · · · · · · |   |   |

| Complete Attachments "A" and "B". For each Pennsylvania ga  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 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 cons   | idered individual pipes for reporting purposes. If you   |  |  |  |  |  |
| have no miles to report on these attachments, check the appre   | opriate block at the top of the form(s).   |  |  |  |  |  |
| Complete Attachment "C" by providing the country of manufactory   |  |  |  |  |  |  |
| installed in the prior calendar year in Pennsylvania for the exp  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| hazardous liquids. If you have no data to report on this attach   | ment, check the appropriate block at the top of the form.  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 13. Filing Fee:   |  |  |  |  |  |  |
| The filing fee for this Annual Registration Form is \$250, paya   |  |  |  |  |  |  |
| The filing fee can either be mailed or electronically paid when eFil  | ing your form with the Commission's eFiling system.  |  |  |  |  |  |
| NOTE: If you are a Propane Distributor registered with the PA   | L&I or a Borough, you are exempt from paying this  |  |  |  |  |  |
| filing fee.   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Eas Examptions (places indicate if either examption appli   | oo):   |  |  |  |  |  |
| Fee Exemptions (please indicate if either exemption appli   | es).   |  |  |  |  |  |
| Propane Distributor registered with PA L&I  |  |  |  |  |  |  |
| Borough   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 14. Verification:   |  |  |  |  |  |  |
| The person responsible (corporate officer or attorney) for fili   | ng your Annual Registration Form must affix his or   |  |  |  |  |  |
| her signature and verify that all information provided on the f   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| information and belief. <u>NOTE: Registration Forms that are no</u>   | ot vermed will not be accepted for ming.   |  |  |  |  |  |
|   |  |  |  |  |  |  |
| I hereby state that the information in this application is true and co  | prrect to the best of my knowledge, information and  |  |  |  |  |  |
| belief. I understand that the statements herein are made subject to   | o the penalties of 18 Pa. C.S. § 4904 (relating to   |  |  |  |  |  |
| unsworn falsification to authorities).  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Nome  |  |  |  |  |  |  |
|   | Signaturo  |  |  |  |  |  |
| Name:   | Signature:   |  |  |  |  |  |
| name:   | Signature:<br>Tony Minutillo   |  |  |  |  |  |
|   | Tony Minutillo   |  |  |  |  |  |
| Title:  |  |  |  |  |  |  |
|   | Tony Minutillo   |  |  |  |  |  |
|   | Tony Minutillo   |  |  |  |  |  |
| Title:  | Tony Minutillo   |  |  |  |  |  |
| Title:<br>15. Registration:   | Tony Minutillo   |  |  |  |  |  |
| Title:<br>15. Registration:<br>eFiling:   | Date:  |  |  |  |  |  |
| Title:         15.       Registration:         eFiling:       Registration Forms may be eFiled with the PUC. If eFiling   | Tony Minutillo         Date:         your renewal form, go to <a href="http://www.puc.pa.gov">http://www.puc.pa.gov</a> and  |  |  |  |  |  |
| Title:         Title:         15. Registration:         eFiling:         Registration Forms may be eFiled with the PUC. If eFiling         click on the eFiling link on the bottom of the page under Issues, N  | Tony Minutillo         Date:         your renewal form, go to <a href="http://www.puc.pa.gov">http://www.puc.pa.gov</a> and  |  |  |  |  |  |
| Title:         Title:         IS.         Registration:         eFiling:         Registration Forms may be eFiled with the PUC. If eFiling         click on the eFiling link on the bottom of the page under Issues, N         type of filing and enter your docket number where indicated.   | Tony Minutillo         Date:         your renewal form, go to <a href="http://www.puc.pa.gov">http://www.puc.pa.gov</a> and  |  |  |  |  |  |
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| Title:         Title:         It is the responsibility of registrants to keep the Comr         It is the responsibility of registrants to keep the Comr   | Tony Minutillo         Date:         I your renewal form, go to <a href="http://www.puc.pa.gov">http://www.puc.pa.gov</a> and ews & Reports. Please choose "Existing Case" as the attachments and filing fee (if applicable) to:         attachments and filing fee (if applicable) to:         nission notified of any changes to your contact  |  |  |  |  |  |
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| Title:         15.       Registration:<br>eFiling:<br>Registration Forms may be eFiled with the PUC. If eFiling<br>click on the eFiling link on the bottom of the page under Issues, N<br>type of filing and enter your docket number where indicated.<br>By mail:<br>Send original, signed copy of registration form along with<br>Secretary, PA Public Utility Commission<br>Keystone Building, 2 <sup>nd</sup> Floor<br>400 North Street<br>Harrisburg, PA 17120         Reminders:         •       It is the responsibility of registrants to keep the Comminformation by providing notice, in writing, to the Comminformation by providing notice, in writing, to the Comminformation by processing until the required information<br>you require assistance or have questions when compilation  | Date:<br>Date:<br>your renewal form, go to http://www.puc.pa.gov and<br>ews & Reports. Please choose "Existing Case" as the<br>attachments and filing fee (if applicable) to:<br>nission notified of any changes to your contact<br>mission's Secretary at the above address.<br>ttachments are unacceptable for filing and will be<br>is sent to the Commission's Secretary's Bureau. If<br>leting this form, call 717-772-7777.  |  |  |  |  |  |
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| Title:         Title:         15. Registration:<br>eFiling:<br>Registration Forms may be eFiled with the PUC. If eFiling<br>click on the eFiling link on the bottom of the page under Issues, N<br>type of filing and enter your docket number where indicated.<br>By mail:<br>Send original, signed copy of registration form along with<br>Secretary, PA Public Utility Commission<br>Keystone Building, 2 <sup>nd</sup> Floor<br>400 North Street<br>Harrisburg, PA 17120         Reminders: <ul> <li>It is the responsibility of registrants to keep the Comminformation by providing notice, in writing, to the Comminformation by providing notice, in writing, to the Comminformation by providing until the required information<br/>you require assistance or have questions when compilation of the context of the conte</li></ul> | Tony Minutillo         Date:         I your renewal form, go to <a href="http://www.puc.pa.gov">http://www.puc.pa.gov</a> and ews & Reports. Please choose "Existing Case" as the attachments and filing fee (if applicable) to:         attachments and filing fee (if applicable) to:         nission notified of any changes to your contact mission's Secretary at the above address.         ttachments are unacceptable for filing and will be is sent to the Commission's Secretary's Bureau. If leting this form, call 717-772-7777.         T place social security numbers, credit card l information on the registration form.                            |  |  |  |  |  |
| Title:         Title:         Itel:          Itel:  | Tony Minutillo         Date:         Tyour renewal form, go to <a href="http://www.puc.pa.gov">http://www.puc.pa.gov</a> and ews & Reports. Please choose "Existing Case" as the attachments and filing fee (if applicable) to:         attachments and filing fee (if applicable) to:         nission notified of any changes to your contact attachments are unacceptable for filing and will be is sent to the Commission's Secretary's Bureau. If leting this form, call 717-772-7777.         T place social security numbers, credit card I information on the registration form.         GISTRATION FORM FOR YOUR RECORDS************************************ |  |  |  |  |  |
| Title:         Title:         Iteristication Forms may be eFiled with the PUC. If eFiling click on the eFiling link on the bottom of the page under Issues, N type of filing and enter your docket number where indicated.         By mail:         Send original, signed copy of registration form along with Secretary, PA Public Utility Commission Keystone Building, 2 <sup>nd</sup> Floor 400 North Street Harrisburg, PA 17120         Reminders:         It is the responsibility of registrants to keep the Comminformation by providing notice, in writing, to the Comminformation and the providing notice, in the maximum steries and the providing notice is the registration forms or those missing any at delayed for processing until the required information you require assistance or have questions when comp         Registrations are public records. Accordingly, DO NO numbers, bank account numbers or other confidentia   | Tony Minutillo         Date:         Tyour renewal form, go to <a href="http://www.puc.pa.gov">http://www.puc.pa.gov</a> and ews & Reports. Please choose "Existing Case" as the attachments and filing fee (if applicable) to:         attachments and filing fee (if applicable) to:         nission notified of any changes to your contact attachments are unacceptable for filing and will be is sent to the Commission's Secretary's Bureau. If leting this form, call 717-772-7777.         T place social security numbers, credit card I information on the registration form.         GISTRATION FORM FOR YOUR RECORDS************************************ |  |  |  |  |  |

#### 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

|            | Intrastate Interstate |     |         |     |       |
|------------|-----------------------|-----|---------|-----|-------|
| County     | Non-HCA               | HCA | Non-HCA | HCA | Total |
| 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    | <u>↓</u>              |     |         |     |       |
| Lycoming   | ┤                     |     |         |     |       |
| McKean     | ┤                     |     |         |     |       |
| Mercer     | <u> </u>              |     |         |     |       |
| Mifflin    |                       |     |         |     |       |
| Monroe     |                       |     |         |     |       |
| Montgomery |                       |     |         |     |       |

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

#### 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.

|            |                              |  |  |  | Gathering, Transmission & Distribution                    |   |   | ution                                       |
|------------|------------------------------|--|--|--|---|---|---|---|
|            | Number<br>of<br>Farm<br>Taps | Class 1<br>Gathering<br>(Conventional) | Class 1<br>Gathering<br>(Unconventional) | Class 1<br>Transmission<br>&<br>Distribution | Class 2<br>Gathering<br>Transmission<br>&<br>Distribution | Class 3<br>Gathering<br>Transmission<br>&<br>Distribution | Class 4<br>Gathering<br>Transmission<br>&<br>Distribution | Total<br>Class 1<br>T&D +<br>Class<br>2+3+4 |
| County     |                              |  |  |  |   |   |   | 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           |  |  |  |
|                |  |  |  |
| Total          |  |  |  |

#### Country of Manufacture Calendar Year Ending: Pipeline Operator:

Please check here if you have no lines installed in the previous calendar year  $\Box$ 

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

| Country of Manufacture | Length of tubular steel<br>products |     | Material Test Report<br>(yes/no) |  |  |
|------------------------|-------------------------------------|-----|----------------------------------|--|--|
|                        |                                     | Yes | No                               |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     | ┤╞╴ |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
|                        |                                     |     |                                  |  |  |
| Total                  |                                     |     |                                  |  |  |