RCVD PUC SEC BUR MAR 11 2024 AM10:59



.

Act 127 Pennsylvania Pipeline Operator Annual Registration Form

|          | Pleas   | se sub                    | nit co         | mplete     | d fon         | n by           | / March 31                                      |
|----------|---|---------------------------|----------------|------------|---------------|----------------|---|
|          |   |                           |                |            |               |                |   |
|          | stration for Previous Calendar Year                                   | Ending                    |                | 23         |               |                |   |
|          | et Number:  |                           | A-             | 2012-229   | 4042          |                |   |
| lf you   | need help getting your docket number                                  |                           | _              |            |               |                |   |
| •        |   |                           |                |            |               |                | egulations > Act 127 (Pipeline Act).            |
| •        |   |                           |                |            |               |                | e page under Pipeline Operators Registry.       |
| •        |   |                           |                |            |               |                |   |
| •        | Click on the utility code next to you                                 | r name                    | ; find t       | he Docl    | et Ni         | Impe           | er (A-2012-xxxxxx) under the Docketed Cases.    |
|          |   |                           | -A. 16         |            |               |                |   |
| 1.       | Registrant (Full name of pipeline of                                  | operato                   | <b>г):</b> [Ке | aystone C  |               | UVO AS         |   |
| Com      | mantes if applicable, explain any char                                |                           |                |            | (000          |                | legal status (acquisition, merger, etc.) in the |
|          | calendar year.  | iges to                   | yourd          | company    |               |                | legal status (acquisition, merger, etc.) in the |
| pasi     |   | <u> </u>                  |                | <u> </u>   |               |                |   |
|          |   |                           |                |            |               |                | a   |
|          |   |                           |                |            |               |                |   |
| 2.       | Types of Pipelines and/or Facilitie                                   | s!                        |                |            |               |                |   |
|          | Please note that natural gas public                                   | c utiliti                 | es are         | not rec    | ulre          | <u>i to</u> fi | fil <u>e this form</u> .                        |
|          | Pipelines and/or facilities covered                                   | d by t                    | nis fo         | rm are     | <b>ass</b> c  | clate          | ed with the following types of facilities and   |
|          | transport the following types of co                                   | ommod                     | ities:         | (select    | <u>alí th</u> | at ap          | pply)   |
|          | Gas Distribution  |                           |                |            | -             |                |   |
|          | Natural Gas   | P                         | ropane         | e Gas      |               |                |   |
|          |   |                           |                |            |               |                |   |
|          | Gas Transmission  |                           |                |            |               |                |   |
| L        | Natural Gas   | ┈┼└                       | ļ              |            |               |                |   |
|          | Propane Gas   | ↓┣                        | ļ              |            |               |                |   |
| <u> </u> | Other Gas   |                           | <u> </u>       | Define:    |               |                |   |
|          | 0 0-#   |                           |                |            |               |                |   |
|          | Gas Gathering   | <u> </u>                  | ╡───           |            |               |                |   |
|          | Hazardous Liquid  | <u></u> +- <mark>-</mark> | ╡───           | Define:    |               |                |   |
|          |   |                           | <u> </u>       | Denne.     |               |                |   |
| 3.       | Main Mailing Address:   |                           |                |            |               | ·              |   |
| 9.       |   | Comm                      | ssion          | will se    | rve a         | l cor          | rrespondence relating to this registration.     |
|          | Street Address/P. O. Box:   | 410                       | O Holid        | ay St., N. | N. Sui        | e 201          |   |
|          | City, State, Zip Code:  |                           |                | io 44718   |               |                |   |
|          |   |                           |                |            |               |                |   |
| 4.       | Physical Address:   |                           |                |            |               |                |   |
|          |   |                           | nsylv          | anla fac   | ;ility.       | This           | is address is needed by the Commission to       |
|          | perform Inspections and onsite vi                                     |                           |                |            |               |                | ·   |
|          | Do not provide a post office box n                                    |                           | <u> </u>       |            |               |                |   |
| ļ        | Street Address:   |                           | 3 Rt. 3        |            |               |                |   |
| ļ        | City, State, Zip Code:  | Ka                        | 19 PA 1        | 6735       |               |                |   |
|          |   |                           |                |            | <u> </u>      |                |   |
| 5.       | US DOT Operator ID Number:  |                           |                |            | -4            |                | 32324   |
|          | Provide the number assigned to y<br>Department of Transportation, Pig |                           |                |            |               |                |   |
| }        | Materials Safety Administration (F                                    |                           |                | 1003 an    | 4             |                | }   |
|          | materials Sarety Administration [F                                    | TINGA                     | <u>!</u>       |            | ·             |                |   |
| 6.       | PA L&I Propane Registration Num                                       | ber                       |                |            | <u> </u>      |                |   |
|          | Provide your propane registration                                     |                           | er wit         | h the      |               |                |   |
|          | Pennsylvania Department of Labo                                       |                           |                |            | plica         | ble).          |   |
| ł        | If you do not have a number, plea                                     |                           |                |            |               | ,.             |   |
|          |   |                           |                |            |               |                |   |

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| Complete in full with contact in<br>questions and other matters pe  | enaining to your registration and operations.   |
|---|---|
| Name:   | James Noli  |
| Street Address:   | 4100 Holiday St., N.W. Suite 201  |
| City, State, Zip Code:  | Canton, Ohio 44718  |
|   |   |
| Email Address:  | Incil@utilityplpalinettd.com  |
| Telephone Number:   | (330) 498-9130  |
| Assessment Contact Information  | on <u>:</u>   |
|   | formation of the person in your company who is responsible for receiv   |
|   | ling) Involces and paying the assessment under Act 127.   |
| Name:   | Joe Monaco  |
| Street Address:   | 4100 Holiday St., N.W., Sulte 201   |
| City, State, Zip Code:  | Canton, Ohio 44718  |
|   |   |
| Email Address:  | jmonaco@utilitypielineltd.com   |
| Telephone Number:   | (330) 498-9130  |
|   |   |
| Eadanal Ethi Mumban /// applicat  |   |
| Pipeline Emergency (PEMA) Co<br>Complete in full with contact in  | ontact Information:<br>nformation of the person in your company who the Commission can cal<br>nformation is critical to the Commission's interactions with the Pennsyl  |
| Pipeline Emergency (PEMA) Co<br>Complete in full with contact in<br>an emergency situation. This is   | ontact Information:<br>nformation of the person in your company who the Commission can cal<br>nformation is critical to the Commission's interactions with the Pennsyl  |
| Pipeline Emergency (PEMA) Concepted in full with contact in an emergency situation. This list Emergency Management Author Name:   | ontact Information:<br>nformation of the person in your company who the Commission can cal<br>nformation is critical to the Commission's interactions with the Pennsyl<br>ority (PEMA).   |
| Pipeline Emergency (PEMA) Concerning the contact in an emergency situation. This is Emergency Management Author   | ontact Information:<br>formation of the person in your company who the Commission can cal<br>information is critical to the Commission's interactions with the Pennsyl<br>ority (PEMA).<br>John Olson   |
| Pipeline Emergency (PEMA) Co<br>Complete in full with contact in<br>an emergency situation. This is<br>Emergency Management Author<br>Name:<br>Street Address:  | ontact Information:<br>formation of the person in your company who the Commission can cal<br>information is critical to the Commission's interactions with the Pennsyl<br>ority (PEMA).<br>John Olson<br>7083 Rt. 321   |
| Pipeline Emergency (PEMA) Concerning         Complete in full with contact in an emergency situation. This is         Emergency Management Authon         Name:         Street Address:         City, State, Zip Code         Email Address:  | ontact Information:<br>information of the person in your company who the Commission can cal<br>information is critical to the Commission's Interactions with the Pennsyl<br>prity (PEMA).<br>John Olson<br>7083 Rt. 321<br>Kane, PA 16735<br>jolson@utilitypipelineltd.com  |
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| Pipeline Emergency (PEMA) Conceptete in full with contact in an emergency situation. This is the Emergency Management Author Name:         Street Address:         City, State, Zip Code         Email Address:         Telephone Number:         Attorney, (if applicable):  | ontact Information:<br>information of the person in your company who the Commission can cal<br>information is critical to the Commission's interactions with the Pennsyl<br>prity (PEMA).<br>John Olson<br>7083 Rt. 321<br>Kane, PA 16735<br>jolson@utilitypipelineltd.com<br>(814) 502-8169  |
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| Pipeline Emergency (PEMA) Complete in full with contact in an emergency situation. This lifemergency Management Author Name:         Street Address:         City, State, Zip Code         Email Address:         Telephone Number:         Attorney, (if applicable):         Complete this section only if an Name:         Street Address:         City, State, Zip Code         Email Address:         Telephone Number:         Street Address:         City, State, Zip Code         Email Address:         Street Address:         City, State, Zip Code         Email Address:         City, State, Zip Code         Email Address:         Telephone Number:         Operational Information:  | ontact Information:<br>information of the person in your company who the Commission can cal<br>information is critical to the Commission's interactions with the Pennsyl<br>prity (PEMA).<br>John Olson<br>7083 Rt. 321<br>Kane, PA 16735<br>jolson@utilitypipelineltd.com<br>(814) 502-8169  |

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| ٠ | 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).                  |

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.

#### 13. Filing Fee:

The filing fee for this Annual Registration Form is \$250, payable to the "Commonwealth of Pennsylvania." The filing fee can either be mailed or electronically paid when eFiling 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.

| Fee Exemptions (please indicate if either exemption applies): | <br> |
|---|------|
| Propane Distributor registered with PA L&I                    |      |
| Borough   | <br> |

#### 14. Verification:

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. <u>NOTE: Registration Forms that are not verified will not be accepted for filing.</u>

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).

| Name:                 | Signature: |
|-----------------------|------------|
| James Noil            | Homer Nole |
|                       |            |
| Title:                | Date:      |
| Compliance Supervisor | 3/4/2024   |

15. Registration:

eFiling:

Registration Forms may be eFiled with the PUC. If eFiling your renewal form, go to <u>http://www.puc.pa.gov</u> 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.

By mail:

| _   |   |
|-----|---|
|     | Send original, signed copy of registration form along with attachments and filing fee (if applicable) to: |
|     | 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 Commission notified of any changes to your contact information by providing notice, in writing, to the Commission's Secretary at the above address.

- 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.
- 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.

## 

Additional Comments: Use this section to add any additional information:

## RCVD PUC SEC BUR MAR 11 2024 AM10:59

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

# Please check here if you have no reportable Hazardous Liquids Lines $\Box$

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

## HCA = High Consequence Area

|            | Intras                                  | tate      | Inter                                 |   |       |
|------------|---|-----------|---------------------------------------|---|-------|
| County     | Non-HCA                                 | НСА       | Non-HCA                               | HCA   | Total |
| Adams      |   |           |                                       |   | 0.0   |
| Allegheny  |   |           |                                       |   | 0.0   |
| Armstrong  |   |           |                                       |   | 0.0   |
| Beaver     |   |           |                                       |   | 0.0   |
| Bedford    |   |           |                                       |   | 0.0   |
| Berks      |   |           |                                       |   | 0.0   |
| Blair      |   |           |                                       |   | 0.0   |
| Bradford   | <u>┤──</u> ──┤                          | ······    |                                       |   | 0.0   |
| Bucks      |   |           |                                       |   | 0.0   |
| Butler     | ·········                               |           |                                       |   | 0.0   |
| Cambria    | <u></u> -+                              |           |                                       | · · · · · · · · · · · · · · · · · · ·         | 0.0   |
| Cameron    |   | · • • • • |                                       |   | 0.0   |
| Carbon     |   |           | · · · · · · · · · · · · · · · · · · · |   | 0.0   |
| Centre     |   |           |                                       |   | 0.0   |
| Chester    |   |           |                                       |   | 0.0   |
| Clarion    | ╞━╌╌╴┼                                  |           | +                                     |   | 0.0   |
| Clearfield | +                                       |           |                                       |   | 0.0   |
| Clinton    | +                                       | ·         |                                       | · ·   | 0.0   |
| Columbia   | <u>+</u> ····+                          |           |                                       |   | 0.0   |
| Crawford   | +                                       | <u></u>   |                                       |   | 0.0   |
| Cumberland |   |           |                                       |   | 0.0   |
| Dauphin    |   | ,         |                                       |   | 0.0   |
| Delaware   |   |           |                                       | · · ·   | 0.0   |
| Elk        |   | ··        |                                       |   | 0.0   |
| Erie       |   |           | -+                                    |   | 0.0   |
| Fayette    |   |           | · · _ · _ · · · · · · · ·             |   | 0.0   |
| Forest     | +                                       |           |                                       | · · · <del></del>                             | 0.0   |
| Franklin   | ·/ ···                                  |           |                                       | <u> </u>                                      | 0.0   |
| Fulton     |   | ······    |                                       | ···   | 0.0   |
| Greene     | · • · · · · · · · · · · · · · · · · · · |           |                                       |   | 0.0   |
| Huntingdon | · · · · · · · · · · · · · · · · · · ·   |           |                                       |   | 0.0   |
| Indiana    |   |           |                                       |   | 0.0   |
| Jefferson  | +                                       |           |                                       | <b> </b>                                      | 0.0   |
| Juniata    |   |           | ,                                     |   | 0.0   |
| Lackawanna |   |           |                                       |   | 0.0   |
| Lancaster  | - <u>+</u> ·                            |           |                                       |   | 0.0   |
| Lawrence   | <u> </u>                                |           |                                       |   | 0.0   |
|            | - <del>{</del>                          |           |                                       |   | 0.0   |
| Lebanon    | ·                                       | <u> </u>  |                                       | · · · · ·                                     | 0.0   |
| Lehigh     |   |           |                                       | <u>                                      </u> | 0.0   |
| Luzerne    | - <del>   </del>                        |           | · <del>  </del>                       | · · · · · ·                                   |       |
|            | · · · · · · · · · · · · · · · · · · ·   | ···       | _ <u></u>                             | ·   | 0.0   |
| McKean     | <u>+</u>                                |           |                                       |   |       |
| Mercer     | <u> </u>                                |           | - <u> </u>                            | :   | 0.0   |
| Mifflin    |   |           |                                       | · · · ·                                       | 0.0   |
| Monroe     | <b>↓</b>                                |           |                                       |   | 0.0   |
| Montgomery |   |           | _ <u>l</u>                            | <u> </u>                                      | 0.0   |

Act 127 - Revised 4/3/2023

| Montour        |     | · · |     | -                                     | 0.0 |
|----------------|-----|-----|-----|---------------------------------------|-----|
| Northampton    |     |     |     |                                       | 0.0 |
| Northumberland |     |     |     |                                       | 0.0 |
| Perry          |     |     |     |                                       | 0.0 |
| Philadelphia   |     | •   |     |                                       | 0.0 |
| Pike           |     |     |     |                                       | 0.0 |
| Potter         |     |     |     |                                       | 0.0 |
| Schuylkill     |     |     |     | · · · · · · · · · · · · · · · · · · · | 0.0 |
| Snyder         |     |     |     |                                       | 0.0 |
| Somerset       |     |     |     |                                       | 0.0 |
| Sullivan       |     |     |     |                                       | 0.0 |
| Susquehanna    |     |     |     |                                       | 0.0 |
| Tioga          |     |     |     |                                       | 0.0 |
| Union          |     |     |     | •                                     | 0.0 |
| Venango        |     |     |     |                                       | 0.0 |
| Warren         |     |     |     |                                       | 0.0 |
| Washington     | ·   |     |     |                                       | 0.0 |
| Wayne          |     |     |     |                                       | 0.0 |
| Westmoreland   |     |     |     |                                       | 0.0 |
| Wyoming        |     |     |     |                                       | 0.0 |
| York           |     |     |     |                                       | 0.0 |
|                |     |     |     |                                       |     |
| Total          | 0.0 | 0.0 | 0.0 | 0.0                                   | 0.0 |

Act 127 - Revised 4/3/2023

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RCVD PUC SEC BUR MAR 11 2024 AM10:59

#### Attachment B

# CalendarYear Ending: 2023

Pipeline Operator: Keystone Cooperative Association

Docket Number: A-2012-2294042

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 |   |                                       |  |   |   |   |   |  |
|-------------------|--|---|---------------------------------------|--|---|---|---|---|--|
|                   | Number<br>of<br>Fam<br>Taps            | Class 1&2<br>Gathering<br><u>Type R</u><br>(Reporting only) | Class 1<br>Gathering<br><u>Type C</u> | 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>(excluding<br>Farm taps<br>& Type R) |  |
| County<br>Adams   |  |   |                                       |  |   |   | <u> </u>  | 0.0   |  |
| Allegheny         |  |   |                                       |  |   |   | <u> </u>  | 0.0   |  |
| Armstrong         |  | f   |                                       |  |   |   | {   | 0.0   |  |
| Beaver            | · <b>†</b>                             |   |                                       | ······                                       |   |   |   | 0.0   |  |
| Bedford           |  |   | <u>_</u> ·                            |  |   | ····· .   |   | 0.0   |  |
| Berks             | · · · · · · · · · · · · · · · · · · ·  |   | · · · · · ·                           |  |   |   | <u> </u>  | 0.0   |  |
| Blair             |  |   |                                       |  |   |   | {   | 0.0   |  |
| Bradford          |  |   |                                       | · · · · · · · · · · · · · · · · · · ·        |   |   | <u> </u>  | 0.0   |  |
| Bucks             | +                                      | 1 1   |                                       |  |   | <u></u>   |   | 0.0   |  |
| Butler            |  | <u>                                     </u>                |                                       | ·  |   |   | <u> </u>  | 0.0   |  |
| Cambria           |  |   |                                       |  | 8.9   |   | ··  | 8.9   |  |
| Cameron           |  | ••••••••••••••••••••••••••••••••••••••                      |                                       |  |   |   | † ——  | 0.0   |  |
| Carbon            |  |   |                                       |  |   |   |   | 0.0   |  |
| Centre            |  |   |                                       |  |   |   |   | 0.0   |  |
| Chester           |  |   |                                       |  |   |   |   | 0.0   |  |
| Clarion           |  |   |                                       |  |   |   |   | 0.0   |  |
| Clearfield        |  |   |                                       |  |   |   |   | 0.0   |  |
| Clinton           |  |   |                                       |  |   |   |   | 0.0   |  |
| Columbia          |  |   |                                       |  |   |   |   | 0.0   |  |
| Crawford          |  |   |                                       |  |   | ···   |   | 0.0   |  |
| Cumberland        |  |   |                                       |  |   |   | <u> </u>  | 0.0   |  |
| Dauphin           |  | · · · · · · · · · · · · · · · · · · ·                       |                                       |  |   |   | <u> </u>  | 0.0   |  |
| Delaware          |  |   |                                       | ·  |   |   |   | 0.0   |  |
| Elk               |  | ·   | ·                                     |  |   |   |   | 0.0   |  |
| Erie              |  | +   | <u>-</u>                              | ·  |   |   | <u> </u>  | 0.0   |  |
| Fayette<br>Forest |  | <b> </b>  |                                       |  |   |   |   | 0.0   |  |
| Franklin          | _ <u></u>                              |   |                                       |  |   |   | <b> </b>  | 0.0   |  |
| Fulton            |  | <u> </u>  |                                       |  | <u> </u>  |   | + <del></del> -   | 0.0   |  |
| Greene            |  | <u> </u>  |                                       | ·  | ·   |   | {   | 0.0   |  |
| Huntingdon        |  | <u></u>   |                                       |  | ······  |   | <u> </u>  | 0.0   |  |
| Indiana           |  | <b> </b>  |                                       |  | · · · · ·   |   | <b>├ ·</b> ──   |   |  |
| Jefferson         |  | <b>┤──</b> ───┤   |                                       | <u> </u>                                     | <u> </u>  | ├- <u></u>  | <u>}</u>  | 0.0   |  |
| Juniata           | <u> </u>                               | <u> </u>  |                                       |  |   |   | <u> </u>  |   |  |
| Lackawanna        |  | <b></b>   |                                       |  |   | <b></b>   | ┟┈───╸  | 0.0   |  |
| Lancaster         |  |   | ··· <u>·</u>                          | <u>}</u>                                     | <del>}</del>  |   | <u>↓</u>  | 0.0   |  |
| Lawrence          |  | <u> </u>  |                                       | <b></b>                                      | }   |   | ·{·   | 0.0   |  |
| Lebanon           |  | <u> </u>  |                                       | <b>├-</b> -                                  |   |   |   | 0.0   |  |
| Lehigh            |  | <u></u>   |                                       | <b> -</b>                                    | <b> </b>  |   |   | 0.0   |  |
| Luzeme            | - <u> </u>                             | <u>∤</u> √  |                                       | ·  | ┥────   | ·   | <u>∤</u>  | 0.0   |  |
| Lycoming          | - <del> </del>                         |   |                                       | <b></b>                                      | ╆   |   | ╉┅──────  | 0.0   |  |

| McKean         |          |                                   |       |     |           |                                       | 1   | 0.0  |
|----------------|----------|-----------------------------------|-------|-----|-----------|---------------------------------------|-----|------|
| Mercer         | -        |                                   |       |     |           | · · ·                                 |     | 0.0  |
| Mifflin        |          |                                   | 1     |     |           |                                       |     | 0.0  |
| Monroe         |          |                                   |       |     |           |                                       |     | 0.0  |
| Montgomery     | † †      |                                   |       |     |           |                                       |     | 0.0  |
| Montour        |          | ·                                 |       |     |           | · ·                                   |     | 0.0  |
| Northampton    | <u>+</u> |                                   |       |     | · · · · · | - <u> </u>                            |     | 0.0  |
| Northumberland |          |                                   |       |     |           |                                       |     | 0.0  |
| Perry          |          |                                   | ▋───┼ |     |           |                                       |     | 0.0  |
| Philadelphia   |          |                                   |       |     |           | · · · · · · · · · · · · · · · · · · · |     | 0.0  |
| Pike           | +        |                                   | 1     |     |           |                                       |     | 0.0  |
| Potter         |          |                                   |       |     |           |                                       |     | 0.0  |
| Schuylkill     |          |                                   |       |     |           |                                       |     | 0.0  |
| Snyder         | 1        |                                   |       |     |           |                                       |     | 0.0  |
| Somerset       | 1 1      |                                   |       |     | 32.2      | 17.9                                  |     | 50.1 |
| Sullivan       |          |                                   |       |     |           |                                       |     | 0.0  |
| Susquehanna    |          |                                   |       |     | ·         |                                       |     | 0.0  |
| Tioga          | 1 1      |                                   |       |     |           | · · ·                                 |     | 0.0  |
| Union          |          | -                                 |       | •   |           | · <u> </u>                            | l . | 0.0  |
| Venango        |          |                                   |       |     |           |                                       |     | 0.0  |
| Warren         |          | · .                               |       |     |           |                                       |     | 0.0  |
| Washington     |          |                                   |       |     |           |                                       |     | 0.0  |
| Wayne          |          |                                   |       |     |           |                                       |     | 0.0  |
| Westmoreland   |          |                                   |       |     |           |                                       |     | 0.0  |
| Wyoming        |          |                                   |       |     |           |                                       |     | 0.0  |
| York           |          | · · · · · · · · · · · · · · · · · |       |     |           | · · · · · · · · · · · · · · · · · · · | 1   | 0.0  |
| Total          | 0.0      | 0.0                               | 0.0   | 0.0 | 41.1      | 17.9                                  | 0.0 | 59.0 |

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## RCVD PUC SEC BUR MAR 11 2024 AM11:00

## Attachment C

## Country of Manufacture Calendar Year Ending:2023 Pipeline Operator: Keystone Cooperative Association

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

| Country of Manufacture | ry of Manufacture Length of tubular steel<br>products |             |                                      |  |
|------------------------|---|-------------|--------------------------------------|--|
|                        |   | Yes         | (yes/no)<br>No                       |  |
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|                        | ······································                |             | _∔॑॑॑॑ॖ                              |  |
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| Total                  | 0.0   | -+          |                                      |  |