



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

*Please submit completed form by March 31*

|                                                        |                |
|--------------------------------------------------------|----------------|
| <b>Registration for Previous Calendar Year Ending:</b> | 2024           |
| <b>Docket Number:</b>                                  | A-2012-2293091 |

If you need help getting your docket number,

- Go to [www.puc.pa.gov](http://www.puc.pa.gov) > Filing & Resources > Issues, Laws & Regulations > 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.

|           |                                                     |                       |
|-----------|-----------------------------------------------------|-----------------------|
| <b>1.</b> | <b>Registrant (Full name of pipeline operator):</b> | Seneca Landfill, Inc. |
|-----------|-----------------------------------------------------|-----------------------|

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

|           |                                                                                                                                                                                                                                                                                                                                            |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2.</b> | <b>Types of Pipelines and/or Facilities.</b><br><b><u>Please note that natural gas public utilities are not required to file this form.</u></b><br><b>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)</b> |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Gas Distribution

|             |                          |             |                          |
|-------------|--------------------------|-------------|--------------------------|
| Natural Gas | <input type="checkbox"/> | Propane Gas | <input type="checkbox"/> |
|-------------|--------------------------|-------------|--------------------------|

Gas Transmission

|             |                                     |                                |
|-------------|-------------------------------------|--------------------------------|
| Natural Gas | <input type="checkbox"/>            |                                |
| Propane Gas | <input type="checkbox"/>            |                                |
| Other Gas   | <input checked="" type="checkbox"/> | Define: Processed landfill gas |

Gas Gathering

|                  |                          |         |
|------------------|--------------------------|---------|
| Hazardous Liquid | <input type="checkbox"/> |         |
| Other            | <input type="checkbox"/> | Define: |

|           |                                                                                                                                                        |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3.</b> | <b>Main Mailing Address:</b><br><b><i>Provide the address to which the Commission will serve all correspondence relating to this registration.</i></b> |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------|

|                           |                |
|---------------------------|----------------|
| Street Address/P. O. Box: | P.O. Box 1080  |
| City, State, Zip Code:    | Mars, PA 16046 |

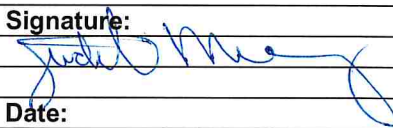
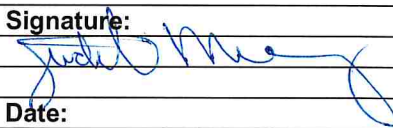
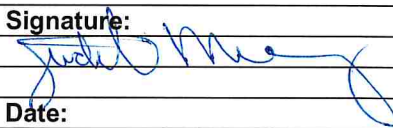
|           |                                                                                                                                                                                                                                                   |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4.</b> | <b>Physical Address:</b><br><b><i>Provide the address of your primary Pennsylvania facility. This address is needed by the Commission to perform inspections and onsite visits.</i></b><br><b><u>Do not provide a post office box number.</u></b> |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                        |                      |
|------------------------|----------------------|
| Street Address:        | 421 Hartmann Road    |
| City, State, Zip Code: | Evans City, PA 16033 |

|           |                                                                                                                                                                                                          |       |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <b>5.</b> | <b>US DOT Operator ID Number:</b><br><b><i>Provide the number assigned to you by the United States Department of Transportation, Pipeline Hazardous and Materials Safety Administration (PHMSA).</i></b> | 38955 |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|

|           |                                                                                                                                                                                                                                                    |     |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>6.</b> | <b>PA L&amp;I Propane Registration Number:</b><br><b><i>Provide your propane registration number with the Pennsylvania Department of Labor and Industry (if applicable).</i></b><br><b><i>If you do not have a number, please enter "N/A".</i></b> | 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:                                                                                                                                                                                                                                                                                                                     | Elizabeth Bertha                     |
|                                                                                                                                                   | Street Address:                                                                                                                                                                                                                                                                                                           | Seneca Landfill, Inc. P.O. Box 1080  |
|                                                                                                                                                   | City, State, Zip Code:                                                                                                                                                                                                                                                                                                    | Mars, PA 16046                       |
|                                                                                                                                                   | Email Address:                                                                                                                                                                                                                                                                                                            | ebertha@senecalandfill.com           |
|                                                                                                                                                   | Telephone Number:                                                                                                                                                                                                                                                                                                         | (724) 816-6149                       |
| 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:                                                                                                                                                                                                                                                                                                                     | Elizabeth Bertha                     |
|                                                                                                                                                   | Street Address:                                                                                                                                                                                                                                                                                                           | Seneca Landfill, Inc., P.O. Box 1080 |
|                                                                                                                                                   | City, State, Zip Code:                                                                                                                                                                                                                                                                                                    | Mars, PA 16046                       |
|                                                                                                                                                   | Email Address:                                                                                                                                                                                                                                                                                                            | ebertha@senecalandfill.com           |
|                                                                                                                                                   | Telephone Number:                                                                                                                                                                                                                                                                                                         | (724) 816-6149                       |
| 9.                                                                                                                                                | <b>Federal EIN Number (if applicable):</b> 25-1657390                                                                                                                                                                                                                                                                     |                                      |
| 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:                                                                                                                                                                                                                                                                                                                     | Dave Smith                           |
|                                                                                                                                                   | Street Address:                                                                                                                                                                                                                                                                                                           | Seneca Landfill, Inc., P.O. Box 1080 |
|                                                                                                                                                   | City, State, Zip Code:                                                                                                                                                                                                                                                                                                    | Mars, PA 16046                       |
|                                                                                                                                                   | Email Address:                                                                                                                                                                                                                                                                                                            | dsmith@senecalandfill.com            |
|                                                                                                                                                   | Telephone Number:                                                                                                                                                                                                                                                                                                         | (724) 816-4757                       |
| 11.                                                                                                                                               | <b>Attorney (if applicable):</b><br><i>Complete this section only if an attorney is filing this registration form on your company's behalf.</i>                                                                                                                                                                           |                                      |
|                                                                                                                                                   | Name:                                                                                                                                                                                                                                                                                                                     |                                      |
|                                                                                                                                                   | Street Address:                                                                                                                                                                                                                                                                                                           |                                      |
|                                                                                                                                                   | City, State, Zip Code:                                                                                                                                                                                                                                                                                                    |                                      |
|                                                                                                                                                   | Email Address:                                                                                                                                                                                                                                                                                                            |                                      |
|                                                                                                                                                   | Telephone Number:                                                                                                                                                                                                                                                                                                         |                                      |
| 12.                                                                                                                                               | <b>Operational Information:</b>                                                                                                                                                                                                                                                                                           |                                      |
| <b>Comments:</b> Report any newly installed pipeline, and explain any additions, deletions or variations since your previous year's registration. |                                                                                                                                                                                                                                                                                                                           |                                      |
|                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                           |                                      |
|                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                           |                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                          |                                            |                                                                                     |               |              |                  |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|--------------------------------------------|-------------------------------------------------------------------------------------|---------------|--------------|------------------|-----------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| <b>The filing fee for this Annual Registration Form is \$250, payable to the "Commonwealth of Pennsylvania."</b><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): <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 80%;">Propane Distributor registered with PA L&amp;I</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Borough</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Propane Distributor registered with PA L&I | <input type="checkbox"/> | Borough                                    | <input type="checkbox"/>                                                            |               |              |                  |           |
| Propane Distributor registered with PA L&I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| Borough                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| <b>14.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Verification:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| <b>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></b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| 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 border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Name:</b></td> <td style="width: 50%;"><b>Signature:</b></td> </tr> <tr> <td>Roach and Associates, Inc./Judith Messerly</td> <td style="text-align: center;"></td> </tr> <tr> <td><b>Title:</b></td> <td><b>Date:</b></td> </tr> <tr> <td>Agent for Seneca</td> <td>1/15/2025</td> </tr> </table>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Name:</b>                               | <b>Signature:</b>        | Roach and Associates, Inc./Judith Messerly |  | <b>Title:</b> | <b>Date:</b> | Agent for Seneca | 1/15/2025 |
| <b>Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Signature:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| Roach and Associates, Inc./Judith Messerly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| <b>Title:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Date:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| Agent for Seneca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1/15/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| <b>15.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Registration:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| <b>eFiling:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| <b>By mail:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| Send original, signed copy of registration form along with attachments and filing fee (if applicable) to: <div style="margin-left: 40px;">           Secretary, PA Public Utility Commission<br/>           Keystone Building, 2<sup>nd</sup> Floor<br/>           400 North Street<br/>           Harrisburg, PA 17120         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                          |                                            |                                                                                     |               |              |                  |           |
| <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      |            |     |            |     | 0.0   |
| Allegheny  |            |     |            |     | 0.0   |
| Armstrong  |            |     |            |     | 0.0   |
| Beaver     |            |     |            |     | 0.0   |
| Bedford    |            |     |            |     | 0.0   |
| Berks      |            |     |            |     | 0.0   |
| Blair      |            |     |            |     | 0.0   |
| Bradford   |            |     |            |     | 0.0   |
| Bucks      |            |     |            |     | 0.0   |
| Butler     |            |     |            |     | 0.0   |
| Cambria    |            |     |            |     | 0.0   |
| 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 |            |     |            |     | 0.0   |
| Dauphin    |            |     |            |     | 0.0   |
| Delaware   |            |     |            |     | 0.0   |
| Elk        |            |     |            |     | 0.0   |
| Erie       |            |     |            |     | 0.0   |
| Fayette    |            |     |            |     | 0.0   |
| Forest     |            |     |            |     | 0.0   |
| Franklin   |            |     |            |     | 0.0   |
| Fulton     |            |     |            |     | 0.0   |
| Greene     |            |     |            |     | 0.0   |
| Huntingdon |            |     |            |     | 0.0   |
| Indiana    |            |     |            |     | 0.0   |
| Jefferson  |            |     |            |     | 0.0   |
| Juniata    |            |     |            |     | 0.0   |
| Lackawanna |            |     |            |     | 0.0   |
| Lancaster  |            |     |            |     | 0.0   |
| Lawrence   |            |     |            |     | 0.0   |
| Lebanon    |            |     |            |     | 0.0   |
| Lehigh     |            |     |            |     | 0.0   |
| Luzerne    |            |     |            |     | 0.0   |
| Lycoming   |            |     |            |     | 0.0   |
| McKean     |            |     |            |     | 0.0   |
| Mercer     |            |     |            |     | 0.0   |
| Mifflin    |            |     |            |     | 0.0   |
| Monroe     |            |     |            |     | 0.0   |
| Montgomery |            |     |            |     | 0.0   |

|                |     |     |     |     |     |
|----------------|-----|-----|-----|-----|-----|
| 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 |
|                |     |     |     |     |     |
| <b>Total</b>   | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

## Attachment B

Calendar Year Ending:

Pipeline Operator:

Docket Number: Seneca  
A-2012-2293091Please 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 |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
|----------------------------------------|---------------------|------------------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|--------------------------------------|
| County                                 | Number of Farm Taps | Class 1&2 Gathering Type R<br>(Reporting only) | Class 1 Gathering Type C | Class 1 Transmission & Distribution | Class 2 Gathering Transmission & Distribution | Class 3 Gathering Transmission & Distribution | Class 4 Gathering Transmission & Distribution | Total (excluding Farm taps & Type R) |
| Adams                                  |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Allegheny                              |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Armstrong                              |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Beaver                                 |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Bedford                                |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Berks                                  |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Blair                                  |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Bradford                               |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Bucks                                  |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Butler                                 |                     |                                                |                          |                                     | 0.4                                           | 1.6                                           |                                               | 2.0                                  |
| Cambria                                |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| 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                             |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Dauphin                                |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Delaware                               |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Elk                                    |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Erie                                   |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Fayette                                |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Forest                                 |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Franklin                               |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Fulton                                 |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Greene                                 |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Huntingdon                             |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Indiana                                |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Jefferson                              |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Juniata                                |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Lackawanna                             |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Lancaster                              |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Lawrence                               |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Lebanon                                |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Lehigh                                 |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Luzerne                                |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |
| Lycoming                               |                     |                                                |                          |                                     |                                               |                                               |                                               | 0.0                                  |

|                |     |     |     |     |     |     |     |     |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|
| McKean         |     |     |     |     |     |     |     | 0.0 |
| Mercer         |     |     |     |     |     |     |     | 0.0 |
| Mifflin        |     |     |     |     |     |     |     | 0.0 |
| Monroe         |     |     |     |     |     |     |     | 0.0 |
| Montgomery     |     |     |     |     |     |     |     | 0.0 |
| 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 |
|                |     |     |     |     |     |     |     |     |
| <b>Total</b>   | 0.0 | 0.0 | 0.0 | 0.0 | 0.4 | 1.6 | 0.0 | 2.0 |

## 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]