



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

*Please submit completed form by March 31*

**Registration for Previous Calendar Year Ending:**

**Docket Number:**

If you need help getting your docket number,

- Go to [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.

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

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

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

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

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

Gas Distribution

Natural Gas

☐

Propane Gas

☐

Gas Transmission

Natural Gas

☐

Propane Gas

☐

Other Gas

☐

Define:

Gas Gathering

☐

Hazardous Liquid

☐

Other

☐

Define:

**3. Main Mailing Address:**

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

Street Address/P. O. Box:

City, State, Zip Code:

**4. Physical Address:**

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

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

Street Address:

City, State, Zip Code:

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

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

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

**Provide your propane registration number with the Pennsylvania Department of Labor and Industry (if applicable). If you do not have a number, please enter "N/A".**

|                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7.                                                                                                                                                | <b>Regulatory Contact Information:</b><br><i>Complete in full with contact information of the person in your company the Commission can contact for questions and other matters pertaining to your registration and operations.</i>                                                                                       |
|                                                                                                                                                   | Name: <input type="text"/>                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                   | Street Address: <input type="text"/>                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                   | City, State, Zip Code: <input type="text"/>                                                                                                                                                                                                                                                                               |
|                                                                                                                                                   | Email Address: <input type="text"/>                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                   | Telephone Number: <input type="text"/>                                                                                                                                                                                                                                                                                    |
| 8.                                                                                                                                                | <b>Assessment Contact Information:</b><br><i>Complete in full with contact information of the person in your company who is responsible for receiving the Commission's assessment (billing) invoices and paying the assessment under Act 127.</i>                                                                         |
|                                                                                                                                                   | Name: <input type="text"/>                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                   | Street Address: <input type="text"/>                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                   | City, State, Zip Code: <input type="text"/>                                                                                                                                                                                                                                                                               |
|                                                                                                                                                   | Email Address: <input type="text"/>                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                   | Telephone Number: <input type="text"/>                                                                                                                                                                                                                                                                                    |
| 9.                                                                                                                                                | <b>Federal EIN Number</b> (if applicable): <input type="text"/>                                                                                                                                                                                                                                                           |
| 10.                                                                                                                                               | <b>Pipeline Emergency (PEMA) Contact Information:</b><br><i>Complete in full with contact information of the person in your company who the Commission can call in an emergency situation. This information is critical to the Commission's interactions with the Pennsylvania Emergency Management Authority (PEMA).</i> |
|                                                                                                                                                   | Name: <input type="text"/>                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                   | Street Address: <input type="text"/>                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                   | City, State, Zip Code: <input type="text"/>                                                                                                                                                                                                                                                                               |
|                                                                                                                                                   | Email Address: <input type="text"/>                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                   | Telephone Number: <input type="text"/>                                                                                                                                                                                                                                                                                    |
| 11.                                                                                                                                               | <b>Attorney</b> (if applicable):<br><i>Complete this section only if an attorney is filing this registration form on your company's behalf.</i>                                                                                                                                                                           |
|                                                                                                                                                   | Name: <input type="text"/>                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                   | Street Address: <input type="text"/>                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                   | City, State, Zip Code: <input type="text"/>                                                                                                                                                                                                                                                                               |
|                                                                                                                                                   | Email Address: <input type="text"/>                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                   | Telephone Number: <input type="text"/>                                                                                                                                                                                                                                                                                    |
| 12.                                                                                                                                               | <b>Operational Information:</b> <input type="text"/>                                                                                                                                                                                                                                                                      |
| <b>Comments:</b> Report any newly installed pipeline, and explain any additions, deletions or variations since your previous year's registration. |                                                                                                                                                                                                                                                                                                                           |
| <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                           |
| <input type="text"/>                                                                                                                              |                                                                                                                                                                                                                                                                                                                           |

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

**Attachment A**

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

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

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

HCA = High Consequence Area

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

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

**Attachment B****Calendar Year Ending:**

Pipeline Operator:

Docket Number:

Please check here if you have no miles to report. ☐

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

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

| Gathering, Transmission & Distribution |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
|----------------------------------------|---------------------|------------------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|--------------------------------------|
| 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                                  |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Allegheny                              |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Armstrong                              |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Beaver                                 |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Bedford                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Berks                                  |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Blair                                  |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Bradford                               |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Bucks                                  |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Butler                                 |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Cambria                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Cameron                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Carbon                                 |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Centre                                 |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Chester                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Clarion                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Clearfield                             |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Clinton                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Columbia                               |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Crawford                               |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Cumberland                             |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Dauphin                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Delaware                               |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Elk                                    |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Erie                                   |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Fayette                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Forest                                 |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Franklin                               |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Fulton                                 |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Greene                                 |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Huntingdon                             |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Indiana                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Jefferson                              |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Juniata                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Lackawanna                             |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Lancaster                              |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Lawrence                               |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Lebanon                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Lehigh                                 |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Luzerne                                |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |
| Lycoming                               |                     |                                                |                          |                                     |                                               |                                               |                                               |                                      |

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

## Attachment C

Country of Manufacture  
Calendar Year Ending:  
Pipeline Operator:

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

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

[illegible]