


| | | |
|--|--|---|
|  <p>U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</p> | <p>INCIDENT REPORT – GAS TRANSMISSION AND GATHERING SYSTEMS</p> | <p>Original Report Date: 06/02/2020 No. 20200057 - 33836 (DOT Use Only)</p> |
| <p>A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.</p> | | |
| <p>INSTRUCTIONS</p> <p>Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline/library/forms.</p> | | |
| <p>PART A – KEY REPORT INFORMATION Report Type: (select all that apply) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplemental <input type="checkbox"/> Final</p> | | |
| <p>Last Revision Date:</p> | | |
| <p>A1. Operator's OPS-issued Operator Identification Number (OPID): 19235</p> <p>A2. Name of Operator: TEXAS EASTERN TRANSMISSION, LP (SPECTRA ENERGY PARTNERS, LP)</p> <p>A3. Address of Operator:</p> <p style="margin-left: 20px;">A3a. Street Address: 5400 WESTHEIMER COURT</p> <p style="margin-left: 20px;">A3b. City: HOUSTON</p> <p style="margin-left: 20px;">A3c. State: Texas</p> <p>A3d. Zip Code: 77056</p> | | |
| <p>A4. Earliest local time (24-hr clock) and date an incident reporting criteria was met: 05/04/2020 16:36</p> <p>A4a. Time Zone for local time (select only one) <input type="checkbox"/> Alaska <input checked="" type="checkbox"/> Eastern <input type="checkbox"/> Central <input type="checkbox"/> Hawaii-Aleutian <input type="checkbox"/> Mountain <input type="checkbox"/> Pacific.</p> <p>A4b. Daylight Saving in effect? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A5. Location of Incident:</p> <p style="margin-left: 20px;">Latitude: XXXXXXXXXX</p> <p style="margin-left: 20px;">Longitude: XXXXXXXXXX</p> | | |
| <p>A6. Gas released: (select only one, based on predominant volume released)</p> <p><input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Synthetic Gas <input type="checkbox"/> Hydrogen Gas <input type="checkbox"/> Landfill Gas <input type="checkbox"/> Other Gas</p> <p>A7. Estimated volume of gas released unintentionally: 51,684.00 thousand standard cubic feet (mcf)</p> <p>A8. Estimated volume of intentional and controlled release/blowdown: 96,400.00 thousand standard cubic feet (mcf)</p> <p>A9. Estimated volume of accompanying liquid released: Barrels</p> | | |

| | |
|---|---|
| A10 Were there fatalities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | A11. Were there injuries requiring inpatient hospitalization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|

A12. What was the Operator's initial indication of the Failure? (*select only one*)

SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations)

Static Shut-in Test or Other Pressure or Leak Test

Controller Local Operating Personnel, including contractors

Air Patrol Ground Patrol by Operator or its contractor

Notification from Public Notification from Emergency Responder

Notification from Third Party that caused the Incident Other

A13. Local time Operator identified failure **05/04/2020 16:36**
Month Day Year Hour

A14. Part of system involved in Incident: (*select only one*)

Belowground Storage, Including Associated Equipment and Piping

Aboveground Storage, Including Associated Equipment and Piping

Onshore Compressor Station Equipment and Piping

Onshore Regulator/Metering Station Equipment and Piping

Onshore Pipeline, Including Valve Sites

Offshore Platform, Including Platform-mounted Equipment and Piping

Offshore Pipeline, Including Riser and Riser Bend

A15. Operational Status at time Operator identified failure (*select only one*)

Post-Construction Commissioning

Post-Maintenance/Repair

Routine Start-Up

Routine Shutdown

Normal Operation, includes pauses during maintenance

Idle

A16. If A15 = Routine Start-Up or Normal Operation, was the pipeline/facility shut down due to the incident
 Yes No
If Yes, complete Questions A16.a and A16.b: (*use local time, 24-hr clock*)

A16a. Local time and date of shutdown **05/04/2020 17:23**
Month Day Year Hour

A16b. Local time pipeline/facility restarted Still shut down*
*Supplemental Report required
Month Day Year Hour

If A12. = Notification from Emergency Responder, skip A17.

A17a. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident? Yes No
If No, skip A17b and c.

A17b. Which party initiated communication about the incident? Operator Local/State/Federal Emergency Responder

A17c. Local time of initial Operator and Local/State/Federal Emergency Responder communication **05/04/2020 16:45**
Month Day Year Hour

A18. Local time operator resources arrived on site **05/04/2020 17:01**
Month Day Year Hour

A19. Reserved

A20a. Local time (*24-hr clock*) and date of initial operator report to the National Response Center : **05/04/2020 17:40**
Month Day Year Hour

A20b. Initial Operator National Response Center Report Number **1276640**
 NRC Notification Required But Not Made

A20c. Additional NRC Report numbers submitted by the operator: **1276770**

A21. Did the gas ignite? Yes No
If A21 = Yes, then answer A21a through d:

A21a. Local time of ignition: **05/04/2020 16:36**
Month Day Year Hour

A21b. How was the fire extinguished?
 Operator/Contractor Local/State/Federal Emergency Responder Allowed to burn out
 Other, specify:

A21c. Estimated volume of gas consumed by fire (mcf): **51,684** (must be less than or equal to A7.)

A21d. Did the gas explode? Yes No

If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", answer A22a through f

A22a. Initial action taken to control flow upstream of failure location Valve Closure Operational Control -

If Valve Closure, answer A22.b and c:

A22b. Local time of final upstream valve closure 05/04/2020 17:23
Month Day Year Hour

A22c. Type of upstream valve used to complete upstream isolation of release source:
 Manual Automatic Remotely Controlled

A22d. Initial action taken to control flow downstream of failure location Valve Closure Operational Control -

If Valve Closure, answer A22e and f.:

A22e. Local time of final downstream valve closure 05/04/2020 17:05
Month Day Year Hour

A22f. Type of downstream valve used to complete downstream isolation of release source:
 Manual Automatic Remotely Controlled Check Valve

A23. Number of general public evacuated: 2

PART B – ADDITIONAL LOCATION INFORMATION

B1. Was the origin of the Incident onshore?
 Yes (Complete Questions B2-B11) No (Complete Questions B12-B14)

B1a. Pipeline/Facility name: Line 10

B1b. Segment name/ID: OWSV-WHEE

If Onshore:

B2. State: Kentucky

B3. Zip Code: 41049

B4. City: Hillsboro Not within a Municipality

B5. County or Parish: Fleming Not within a County or Parish

B6. Operator designated location: (select only one) Milepost (specify below)
 Survey Station No. (specify below)
 Not Applicable (B7 will not accept data)

B7. Describe: 509.898

B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? Yes No

B9. Location of Incident: (select only one) Operator-controlled property Pipeline right-of-way

B10. Area of Incident (as found): (select only one)

Belowground storage or aboveground storage vessel, including attached appurtenances

Underground

Specify: Under soil Under a building Under pavement Exposed due to excavation
 Exposed due to loss of cover In underground enclosed space (e.g., vault) Other

B10a. Depth-of-Cover (in): 54

B10b. Were other underground facilities found within 12 inches of the failure location? Yes No

Aboveground

Transition Area

B11. Did Incident occur in a crossing? Yes No

| PART C – ADDITIONAL FACILITY INFORMATION |
|---|
| C1. Is the pipeline or facility: <input checked="" type="checkbox"/> Interstate <input type="checkbox"/> Intrastate |
| C2. Material involved in Incident: (select only one) <input checked="" type="checkbox"/> Carbon Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Material other than Carbon Steel or Plastic |
| C3. Item involved in Incident: (select only one) <input checked="" type="checkbox"/> Pipe Specify: <input checked="" type="checkbox"/> Pipe Body <input type="checkbox"/> Pipe Seam - C3a. Nominal Pipe Size: 30 If Pipe Body: Was this a Puddle/Spot Weld? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If C2. is Carbon Steel C3b. Wall thickness (in): 0.375 C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): 52,000 C3d. Pipe specification: API-5LX OR <input type="checkbox"/> Unknown C3e. Pipe Seam Specify: <input type="checkbox"/> Longitudinal ERW - High Frequency <input type="checkbox"/> Single SAW <input type="checkbox"/> Flash Welded <input checked="" type="checkbox"/> DSAW <input type="checkbox"/> Longitudinal ERW - Low Frequency <input type="checkbox"/> Continuous Welded <input type="checkbox"/> Furnace Butt Welded <input type="checkbox"/> Longitudinal ERW – Unknown Frequency <input type="checkbox"/> Spiral Welded <input type="checkbox"/> Lap Welded <input type="checkbox"/> Seamless <input type="checkbox"/> Other C3f. Pipe manufacturer: National Tube Works OR <input type="checkbox"/> Unknown C3g. Pipeline coating type at point of Incident Specify: <input type="checkbox"/> Epoxy <input checked="" type="checkbox"/> Coal Tar <input type="checkbox"/> Asphalt <input type="checkbox"/> Polyolefin <input type="checkbox"/> Extruded Polyethylene <input type="checkbox"/> Cold Applied Tape <input type="checkbox"/> Paint <input type="checkbox"/> Composite <input type="checkbox"/> None <input type="checkbox"/> Other C3h. Coating field applied? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Weld/Fusion, including heat-affected zone <input type="checkbox"/> Valve, excluding Regulator/Control Valves <input type="checkbox"/> Compressor , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Meter , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Scraper/Pig Trap , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Odorization System , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Filter/Strainer/Separator , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Dehydrator/Drier/Treater/Scrubber , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Regulator/Control Valve , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Pulsation Bottle or Drip/Drip Collection Device <input type="checkbox"/> Cooler or Heater , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Repair Sleeve or Clamp <input type="checkbox"/> Hot Tap Equipment <input type="checkbox"/> Tap Fitting (stopple, thread-o-ring, weld-o-let, etc.) <input type="checkbox"/> Flange Assembly, including Gaskets <input type="checkbox"/> ESD System , including auxiliary piping, connections, valves, and equipment, but excluding product drain lines and tubing. <input type="checkbox"/> Drain Lines <input type="checkbox"/> Tubing, including Fittings <input type="checkbox"/> Instrumentation, including Programmable Logic Controllers and Controls <input type="checkbox"/> Underground Gas Storage or Cavern <input type="checkbox"/> Other C4. Year item involved in Incident was installed: 1952 OR <input type="checkbox"/> Unknown C5. Year item involved in Incident was manufactured: OR <input checked="" type="checkbox"/> Unknown C6. Type of release involved: (select only one) <input type="checkbox"/> Mechanical Puncture <input type="checkbox"/> Leak <input checked="" type="checkbox"/> Rupture |

Select Orientation: Circumferential Longitudinal Other **The incident is under NTSB Investigation**

Approx. size: **80** in. (widest opening) by **48** in. (length circumferentially or axially)

Other

-

PART D – ADDITIONAL CONSEQUENCE INFORMATION

D1. Class Location of Incident: (select only one)

- Class 1 Location
- Class 2 Location
- Class 3 Location
- Class 4 Location

D2. Did this Incident occur in a High Consequence Area (HCA)?

- Yes
- No

D3. What is the PIR (Potential Impact Radius) for the location of this Incident? 633 feet or Not Flammable

D4. Were any structures outside the PIR impacted or otherwise damaged by heat/fire resulting from the Incident? Yes No

D5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident? Yes No

D6. Were any of the fatalities or injuries (A11 only) reported for persons located outside the PIR? Yes No

D7. Estimated Property Damage:

- D7a. Estimated cost of public and non-Operator private property damage \$ 700,000
- D7b. Estimated cost of Operator's property damage & repairs \$ 10,000,000
- D7c. Estimated cost of emergency response \$ 1,000,000
- D7d. Estimated other costs \$ 0

Describe: _

D7e. Property damage subtotal (sum of above) \$ 11,700,000

Cost of Gas Released

Cost of Gas in \$ per thousand standard cubic feet (mcf): 1.9900

- D7f. Estimated cost of gas released *unintentionally* \$ 102,851
- D7g. Estimated cost of gas released during intentional and controlled blowdown \$ 191,836
- D7h. Total estimated cost of gas released (sum of 7.f & 7.g above) \$ 294,687
- D7i. Estimated Total Cost (sum of D7e and D7h) \$ 11,994,687

Injured Persons not included in A11 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. ***If a person is included in A11, do not include them in D8.***

D8. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: 0
If a person is included in D8, do not include them in D9.

D9. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident: 0

Buildings Affected

D10. Number of residential buildings affected (evacuated or required repair or gas service interrupted): 0

D11. Number of business buildings affected (evacuated or required repair or gas service interrupted): 0

D12. Wildlife impact: Yes No

12a. If Yes, specify all that apply:

- Fish/aquatic
- Birds
- Terrestrial

PART E – ADDITIONAL OPERATING INFORMATION

- E1. Estimated pressure at the point and time of the Incident (psig): 858.00
- E1a. Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D): .00
- E2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig) : 936.00
- E2a. MAOP established by 49 CFR section:
 192.619 (a)(1) 192. 619 (a)(2) 192. 619 (a)(3) 192.619 (a)(4) 192. 619 (c) 192.619 (d)
 Other Specify Other :
- E2b. Date MAOP established: 10/07/2014
Month Day Year
- E2c. Was the MAOP in E2a and b established in conjunction with a reversal of flow direction? Yes No Bi-Directional
- E3. Describe the pressure on the system or facility relating to the Incident: (select only one)
 Pressure did not exceed MAOP
 Pressure exceeded MAOP, but did not exceed the applicable allowance in §192.201
 Pressure exceeded the applicable allowance in §192.201
- E4. Was the system or facility relating to the Incident operating under an "established pressure restriction" with pressure limits below those normally allowed by the MAOP ? Yes (*Complete E4.a and E4.b below*) No
- E5. Was the gas at the point of failure required to be odorized in accordance with §192.625? Yes No
- If A14 is "Onshore Pipeline, Including Valve Sites" or "Offshore Pipeline, Including Riser and Riser Bend", complete E6 through E8
- E6. Length of segment between upstream and downstream shut-off valves closest to failure location (ft): 77.669
- E7. Is the pipeline configured to accommodate internal inspection tools?
 Yes No -Which physical features limit tool accommodation?
- E8. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?
 No Yes -Which operational factors complicate execution?
- E9. Function of pipeline system: (*select only one*)
 Transmission System Transmission Line of Distribution System
 Type A Gathering Type B Gathering
 Transmission in Storage Field Offshore Gathering
- E10. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident?
 Yes No
E10.a Was it operating at the time of the Incident? Yes No
E10.b Was it fully functional at the time of the Incident? Yes No
E10.c Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the initial indication of the Incident? Yes No
E10.d Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Incident? Yes No
- E11. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? (*select only one*)
 Yes, but the investigation of the control room and/or controller actions has not yet been completed by the operator
(Supplemental Report required)
 No, the facility was not monitored by a controller(s) at the time of the Incident
 No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to:
(provide an explanation for why the operator did not investigate):
 Yes, specify investigation result(s):

| PART F – DRUG & ALCOHOL TESTING INFORMATION | |
|--|--|
| F1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No F1a. Specify how many were tested: _____ 5 F1b. Specify how many failed: _____ 0 | |
| F2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No F2a. Specify how many were tested: _____ 1 F2b. Specify how many failed: _____ 0 | |

| PART G – APPARENT CAUSE | Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part K – Contributing Factors. |
|---|---|
| <input type="checkbox"/> G1 – Corrosion Failure <input type="checkbox"/> G2 - Natural Force Damage <input type="checkbox"/> G3 - Excavation Damage <input type="checkbox"/> G4 - Other Outside Force Damage <input type="checkbox"/> G5 - Material Failure of Pipe or Weld <input type="checkbox"/> G6 - Equipment Failure <input type="checkbox"/> G7 - Incorrect Operation <input checked="" type="checkbox"/> G8 – Other Incident Cause | |
| 8 – Other Incident Cause | |
| <input type="checkbox"/> Miscellaneous | 1. Describe: |
| <input checked="" type="checkbox"/> Unknown | 2. Specify: <input type="checkbox"/> Investigation complete, cause of Incident unknown Mandatory comment field: <input checked="" type="checkbox"/> Still under investigation, cause of Incident to be determined* (*Supplemental Report required) |

| | |
|---|--|
| PART H – NARRATIVE DESCRIPTION OF THE INCIDENT | (Attach additional sheets as necessary) |
| <p>At approximately 4:36 PM EDT on May 4, 2020, TETLP's 30-inch diameter Line 10 transporting natural gas from Wheelersburg Compressor Station to Owingsville Compressor Station in Kentucky failed at M. P. [REDACTED]. The failure resulted in an explosion and fire. TETLP received a call attendant alarm at 4:39 PM EDT from the Owingsville Compressor Station. During the ensuing minutes, TETLP began receiving reports from the public of a fire north of the Owingsville Compressor Station. TETLP personnel were immediately dispatched to close mainline block valve, MLV 10-367 at MP [REDACTED] and MLV 10-351 at the Owingsville Compressor Station, thus isolating the failed segment at 5:23 EDT. TETLP initiated the notification to the NRC at 5:23 PM EDT after receiving confirmed discovery of the pipeline failure and gathering the initial information to make the NRC notification with the call terminating at 5:40 PM EDT. Note that the NRC records the time the call was terminated on the NRC report and not the time of the call was initiated.</p> <p>The apparent cause of the incident is under investigation by the NTSB. The incident cause is being reported as Other Incident Cause until the NTSB releases information about the incident cause. The Apparent Cause will be updated when it becomes available from the NTSB. Part J will be supplemented as well along with cause.</p> <p>Note that E.1.a Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D): is was approximately 1,433,000 Dth/d rate through the Owingsville compressor station which includes both Lines 10 and 25. Line 15, which shares the right of way with Lines 10 and 25 was isolated at the time of the incident.</p> | |

| | |
|---|--|
| PART I – PREPARER AND AUTHORIZED PERSON | |
| Preparer's Name (type or print): [REDACTED] Preparer's Title (type or print): [REDACTED] Preparer's E-mail Address: [REDACTED] <input type="checkbox"/> No Email Address | Preparer's Telephone Number: [REDACTED] Preparer's Facsimile Number: [REDACTED] |
| Local Contact Name: [REDACTED] optional Local Contact Email: [REDACTED] optional Local Contact Phone: optional: [REDACTED] | |
| Authorized Signer Name: [REDACTED] Authorized Signer Telephone Number: [REDACTED] Authorized Signer E-mail Address: [REDACTED] <input type="checkbox"/> No Email Address Authorized Signer Title: [REDACTED] Authorized Date: 06/02/2020 | |

| |
|--|
| PART J – INTEGRITY INSPECTIONS |
| <p>Complete the following if the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld and the "Cause" (from Part G) is: Corrosion (any subCause in Part G1); or Previous Damage due to Excavation Activity (subCause in Part G3); or Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4); or Material Failure of Pipe or Weld (any subCause in Part G5)</p> <p>J1. Have internal inspection tools collected data at the point of the Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Answer J1b only when the cause is: Previous Damage due to Excavation Activity (subCause in Part G3); or Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4)</p> <p>J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? (initial post construction pressure test is NOT reported here) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>J3. Has Direct Assessment been conducted on the pipeline segment? <input type="checkbox"/> Yes, and an investigative dig was conducted at the point of the Accident <input type="checkbox"/> Yes, but the point of the Accident was not identified as a dig site <input type="checkbox"/> No</p> <p>J4. Has one or more non-destructive examination been conducted prior to the Incident at the point of the Incident since January 1, 2002?</p> |

Yes No

| PART K – NARRATIVE DESCRIPTION OF THE INCIDENT | <i>(Attach additional sheets as necessary)</i> |
|--|---|
| <p>The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part K. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:</p> | |
| <p>External Corrosion</p> <ul style="list-style-type: none"> <input type="checkbox"/> External Corrosion, Galvanic <input type="checkbox"/> External Corrosion, Atmospheric <input type="checkbox"/> External Corrosion, Stray Current Induced <input type="checkbox"/> External Corrosion, Microbiologically Induced <input type="checkbox"/> External Corrosion, Selective Seam <p>Internal Corrosion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Internal Corrosion, Corrosive Commodity <input type="checkbox"/> Internal Corrosion, Water drop-out/Acid <input type="checkbox"/> Internal Corrosion, Microbiological <input type="checkbox"/> Internal Corrosion, Erosion <p>Natural Forces</p> <ul style="list-style-type: none"> <input type="checkbox"/> Earth Movement, NOT due to Heavy Rains/Floods <input type="checkbox"/> Heavy Rains/Floods <input type="checkbox"/> Lightning <input type="checkbox"/> Temperature <input type="checkbox"/> High Winds <input type="checkbox"/> Tree/Vegetation Root <p>Excavation Damage</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excavation Damage by Operator (First Party) <input type="checkbox"/> Excavation Damage by Operator's Contractor (Second Party) <input type="checkbox"/> Excavation Damage by Third Party <input type="checkbox"/> Previous Damage due to Excavation Activity <p>Other Outside Force</p> <ul style="list-style-type: none"> <input type="checkbox"/> Nearby Industrial, Man-made, or Other Fire/Explosion <input type="checkbox"/> Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation <input type="checkbox"/> Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment <input type="checkbox"/> Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation <input type="checkbox"/> Electrical Arcing from Other Equipment or Facility <input type="checkbox"/> Previous Mechanical Damage NOT Related to Excavation <input type="checkbox"/> Intentional Damage <input type="checkbox"/> Other underground facilities buried within 12 inches of the failure location | <p>Pipe/Weld Failure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Design-related <input type="checkbox"/> Construction-related <input type="checkbox"/> Installation-related <input type="checkbox"/> Fabrication-related <input type="checkbox"/> Original Manufacturing-related <input type="checkbox"/> Environmental Cracking-related, Stress Corrosion Cracking <input type="checkbox"/> Environmental Cracking-related, Sulfide Stress Cracking <input type="checkbox"/> Environmental Cracking-related, Hydrogen Stress Cracking <input type="checkbox"/> Environmental Cracking-related, Hard Spot <p>Equipment Failure</p> <ul style="list-style-type: none"> <input type="checkbox"/> Malfunction of Control/Relief Equipment <input type="checkbox"/> Compressor or Compressor-related Equipment <input type="checkbox"/> Threaded Connection/Coupling Failure <input type="checkbox"/> Non-threaded Connection Failure <input type="checkbox"/> Defective or Loose Tubing or Fitting <input type="checkbox"/> Failure of Equipment Body (except Compressor), Vessel Plate, or other Material <p>Incorrect Operation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage <input type="checkbox"/> Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure <input type="checkbox"/> Pipeline or Equipment Over-pressured <input type="checkbox"/> Equipment Not Installed Properly <input type="checkbox"/> Wrong Equipment Specified or Installed <input type="checkbox"/> Inadequate Procedure <input type="checkbox"/> No procedure established <input type="checkbox"/> Failure to follow procedures |

NOTICE: This report is required by 49 CFR Parts 191 and 195. Failure to report may result in a civil penalty as provided in 49 USC 60122.

Form Approved: 4/30/2019
OMB No. 2137-0635
Expiration Date: 5/31/2024



U.S. Department of Transportation
Pipeline and Hazardous Materials Safety Administration

Original Report Date:

06/02/2020

No.

20200057 - 36037

(DOT Use Only)

INCIDENT REPORT - GAS TRANSMISSION AND GATHERING SYSTEMS

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0635. Public reporting for this collection of information is estimated to be approximately 12 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590

INSTRUCTIONS

Important: Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at <http://www.phmsa.dot.gov/pipeline/library/forms>.

PART A - KEY REPORT INFORMATION

| Report Type: (select all that apply) | Original: | Supplemental: | Final: |
|--|--|---------------|--------|
| | | Yes | |
| Last Revision Date: | 11/23/2021 | | |
| A1. Operator's OPS-issued Operator Identification Number (OPID): | 19235 | | |
| A2. Name of Operator | TEXAS EASTERN TRANSMISSION, LP (SPECTRA ENERGY PARTNERS, LP) | | |
| A3. Address of Operator: | | | |
| A3a. Street Address | 5400 WESTHEIMER COURT | | |
| A3b. City | HOUSTON | | |
| A3c. State | Texas | | |
| A3d. Zip Code: | 77056 | | |
| A4. Earliest local time (24-hr clock) and date an incident reporting criteria was met: | 05/04/2020 16:36 | | |
| A4a. Time Zone for local time (select only one) | Eastern | | |
| A4b. Daylight Saving in effect? | Yes | | |
| A5. Location of Incident: | | | |
| Latitude / Longitude | [REDACTED] | | |
| A6. Gas released: (select only one, based on predominant volume released) | Natural Gas | | |
| - Other Gas Released Name: | | | |
| A7. Estimated volume of commodity released unintentionally - thousand standard cubic feet (mcf) | 51,684.00 | | |
| A8. Estimated volume of intentional and controlled release/blowdown - thousand standard cubic feet (mcf) | 96,400.00 | | |
| A9. Estimated volume of accompanying liquid release (Barrels): | | | |
| A10. Were there fatalities? | No | | |
| - If Yes, specify the number in each category: | | | |
| A10a. Operator employees | | | |
| A10b. Contractor employees working for the Operator | | | |
| A10c. Non-Operator emergency responders | | | |
| A10d. Workers working on the right-of-way, but NOT associated with this Operator | | | |
| A10e. General public | | | |
| A10f. Total fatalities (sum of above) | | | |
| A11. Were there injuries requiring inpatient hospitalization? | No | | |
| - If Yes, specify the number in each category: | | | |
| A11a. Operator employees | | | |
| A11b. Contractor employees working for the Operator | | | |
| A11c. Non-Operator emergency responders | | | |
| A11d. Workers working on the right-of-way, but NOT associated with this Operator | | | |
| A11e. General public | | | |
| 11f. Total injuries (sum of above) | | | |
| A12. What was the Operator's initial indication of the Failure? (select only one) | Notification From Public | | |
| Other - Describe | | | |

| | |
|---|--|
| A12a. If "Controller", "Local Operating Personnel, including contractors", "Air Patrol", or "Ground Patrol by Operator or its contractor" is selected in Question 12, specify the following: <i>(select only one)</i> | |
| A13. Local time Operator identified failure | 05/04/2020 16:36 |
| A14. Part of system involved in Incident: <i>(select only one)</i> | Onshore Pipeline, Including Valve Sites |
| A15. Operational Status at time Operator identified failure <i>(select only one)</i> | Normal Operation, includes pauses during maintenance |
| A16. If A15 = Routine Start-Up or Normal Operation, was the pipeline/facility shut down due to the incident? | Yes |
| - If No, Explain: | |
| - If Yes, complete Questions 16a and 16b: <i>(use local time, 24-hr clock)</i> | |
| A16a. Local time and date of shutdown | 05/04/2020 17:23 |
| A16b. Local time pipeline/facility restarted | |
| - Still shut down? (* Supplemental Report Required) | Yes |
| If A12. = Notification from Emergency Responder, skip A17. | |
| A17a. Did the operator communicate with Local, State, or Federal Emergency Responders about the incident? | Yes |
| If No, skip A17b and c. | |
| A17b. Which party initiated communication about the incident? | Operator |
| A17c. Local time of initial Operator and Local/State/Federal Emergency Responder communication | 05/04/2020 16:45 |
| A18. Local time operator resources arrived on site | 05/04/2020 17:01 |
| A19. Reserved | |
| A20a. Local time (24-hr clock) and date of initial operator report to the National Response Center | 05/04/2020 17:40 |
| A20b. Initial Operator National Response Center Report Number | 1276640 |
| NRC Notification Required But Not Made | |
| A20c. Additional NRC Report numbers submitted by the operator | 1276770 |
| A21. Did the gas ignite? | Yes |
| A21 = Yes, then answer A21a through d: | |
| A21a. Local time of ignition: | 05/04/2020 16:36 |
| A21b. How was the fire extinguished? | Allowed to burn out |
| Specify: | |
| A21c. Estimated volume of gas consumed by fire (mcf): (must be less than or equal to A7.) | 51,684.00 |
| A21d. Did the gas explode? | Yes |
| If A14. is "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend", answer A22a through f | |
| A22a. Initial action taken to control flow upstream of failure location | Valve Closure |
| If Valve Closure, answer A22.b and c: | |
| A22b. Local time of final upstream valve closure | 05/04/2020 17:23 |
| A22c. Type of upstream valve used to complete upstream isolation of release source: | Manual |
| A22d. Initial action taken to control flow downstream of failure location | Valve Closure |
| If Valve Closure, answer A22e and f.: | |
| A22e. Local time of final downstream valve closure | 05/04/2020 17:05 |
| A22f. Type of downstream valve used to complete downstream isolation of release source | Manual |
| A23. Number of general public evacuated: | 2 |
| PART B - ADDITIONAL LOCATION INFORMATION | |
| B1. Was the origin of the Incident onshore? Auto-populated based on A14 | Yes |
| Yes (Complete Questions B2-B11) | |
| No (Complete Questions B12-B14) | |
| B1a. Pipeline/Facility name: | Line 10 |
| B1b. Segment name/ID: | OWSV-WHEE |
| If Onshore: | |
| B2. State: | Kentucky |
| B3. Zip Code: | 41049 |
| B4. City: | Hillsboro |
| B5. County or Parish: | Fleming |
| B6. Operator designated location: <i>(select only one)</i> | Milepost |

| | |
|--|-----------------------|
| B7. Describe: | 509.898 |
| B8. Was Incident on Federal land, other than the Outer Continental Shelf (OCS)? | No |
| B9. Location of Incident : | Pipeline Right-of-way |
| B10. Area of Incident: <i>(select only one)</i> | Underground |
| | Specify: Under soil |
| | Other – Describe: |
| B10a. Depth-of-Cover (in): | 54 |
| B10b. Were other underground facilities found within 12 inches of the failure location? | No |
| B11. Did Incident occur in a crossing? | No |
| - If Yes, specify type below: | |
| - If Bridge crossing – | |
| Cased/ Uncased: | |
| - If Railroad crossing – | |
| Cased | |
| Uncased | |
| Bored/drilled | |
| - If Road crossing – | |
| Cased | |
| Uncased | |
| Bored/drilled | |
| - If Water crossing – | |
| Cased/ Uncased: | |
| Name of body of water (If commonly known): | |
| Approx. water depth (ft) at the point of the Incident: | |
| Select: | |
| Is this water crossing 100 feet or more in length from high water mark to high water mark? | |
| If Offshore: | |
| B12. Approx. water depth (ft) at the point of the Incident: | |
| B13. Origin of Incident: | |
| - If "In State waters": | |
| - State: | |
| - Area: | |
| - Block/Tract #: | |
| - Nearest County/Parish: | |
| - If "On the Outer Continental Shelf (OCS)": | |
| (select only one) | |
| - Area: | |
| - Block/Tract #: | |
| B14. Area of Incident: | |
| PART C - ADDITIONAL FACILITY INFORMATION | |
| C1. Is the pipeline or facility: - Interstate - Intrastate | Interstate |
| C2. Material involved in Incident: (select only one) | Carbon Steel |
| - If Material other than Carbon Steel or Plastic – Specify: | |
| C3. Item involved in Incident: | Pipe |
| - If Pipe – Specify: | Pipe Body |
| C3a. Nominal Pipe Size: | 30 |
| If Pipe Body: Was this a Puddle/Spot Weld? | No |
| If C2. is Carbon Steel | |
| C3b. Wall thickness (in): | 0.375 |
| C3c. SMYS (Specified Minimum Yield Strength) of pipe (psi): | 52,000 |
| C3d. Pipe specification: | API-5LX |
| | Unknown |
| C3e. Pipe Seam – Specify: | DSAW |
| | - If Other, Describe: |
| C3f. Pipe manufacturer: | National Tube Works |
| | Unknown |
| C3g. Pipeline coating type at point of Incident – Specify: | Coal Tar |
| | - If Other, Describe: |
| C3h. Coating field applied? | Unknown |
| If C2. is Plastic | |
| C3i. Specify type: | |
| | - If Other, Describe |
| C3j. Specify Standard Dimension Ratio (SDR): | |

| | |
|--|--|
| wall thickness | |
| Unknown | |
| C3k. If Polyethylene (PE) is selected as the type of plastic in C3j, specify PE Pipe Material Designation Code (i.e., 2406, 3408, etc.) | |
| Unknown | |
| - If Weld/Fusion, including heat-affected zone – Specify: | |
| If Pipe Girth Weld is selected, complete items C3.a through h above | |
| Are any of the C3b through h values different on either side of the girth weld? | |
| If Yes, enter the different value(s) below: | |
| C3l. Wall thickness (in): | |
| C3m. SMYS (Specified Minimum Yield Strength) of pipe (psi): | |
| C3n. Pipe specification | |
| Unknown | |
| C3o. Pipe Seam | |
| Describe: | |
| C3p. Pipe manufacturer | |
| Unknown | |
| C3q. Pipeline coating type at point of Accident | |
| Describe: | |
| C3r. Coating field applied? | |
| If Plastic Pipe Fusion is selected, complete items C3.a and c3.i through k above | |
| - If Valve, excluding Regulator/Control Valves – Specify: | |
| - If Mainline – Specify: | |
| - If Other, Describe: | |
| C3s. Mainline valve manufacturer: | |
| Unknown | |
| C3t. Tubing material (select only one): | |
| C3u. Type of tubing (select only one): | |
| - If Other, Describe: | |
| C4. Year item involved in Incident was installed: | 1952 |
| Unknown | |
| C5. Year item involved in Incident was manufactured: | |
| Unknown | Yes |
| C6. Type of release involved (select only one): | Rupture |
| - If Mechanical Puncture – Specify Approx. size: | |
| in. (axial) by | |
| in. (circumferential) | |
| - If Leak - Select Type: | |
| - If Other – Describe: | |
| - If Rupture - Select Orientation: | Other |
| - If Other – Describe: | The incident is under NTSB Investigation |
| Approx. size: in. (widest opening): | 80 |
| by in. (length circumferentially or axially): | 48 |
| - If Other – Describe: | |
| PART D - ADDITIONAL CONSEQUENCE INFORMATION | |
| D1. Class Location of Incident: | Class 1 Location |
| D2. Did this Incident occur in a High Consequence Area (HCA)? | No |
| - If Yes: | |
| D2a. Specify the Method used to identify the HCA: | |
| D3. What is the PIR (Potential Impact Radius) for the location of this Incident? Feet: | 633 |
| Not Flammable | |
| D4. Were any structures outside the PIR impacted or otherwise damaged due to heat/fire resulting from the Incident? | No |
| D5. Were any structures outside the PIR impacted or otherwise damaged NOT by heat/fire resulting from the Incident? | No |
| D6. Were any of the fatalities or injuries (A11 only) reported for persons located outside the PIR? | |
| If Yes, Describe the cause of the fatalities or injuries | |
| D7. Estimated Property Damage : | |
| D7a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator – effective 6-2011, "paid/reimbursed by the Operator" removed | \$ 700,000 |
| D7b. Estimated cost of Operator's property damage & repairs | \$ 10,000,000 |
| D7c. Estimated cost of emergency response | \$ 1,000,000 |
| D7d. Estimated other costs | \$ 0 |

| | | |
|---|--|------------------------------|
| | Describe: | |
| D7e. Property damage subtotal (sum of above) | | \$ 11,700,000 |
| <u>Cost of Gas Released</u> | | |
| Cost of Gas in \$ per thousand standard cubic feet (mcf): | | 1.9900 |
| D7f. Estimated cost of gas released unintentionally | | \$ 102,851 |
| D7g. Estimated cost of gas released during intentional and controlled blowdown | | \$ 191,836 |
| D7h. Total estimated cost of gas released (sum of 7.f & 7.g above) | | \$ 294,687 |
| D7i. Estimated Total Cost (sum of D7e and D7h) | | \$ 11,994,687 |
| Injured Persons not included in A11 The number of persons injured, admitted to a hospital, and remaining in the hospital for at least one overnight are reported in A11. If a person is included in A11, do not include them in D8. | | |
| D8. Estimated number of persons with injuries requiring treatment in a medical facility but not requiring overnight in-patient hospitalization: | | 0 |
| If a person is included in D8, do not include them in D9. | | |
| D9. Estimated number of persons with injuries requiring treatment by EMTs at the site of incident | | 0 |
| Buildings Affected | | |
| D10. Number of residential buildings affected (evacuated or required repair or gas service interrupted): | | 0 |
| D11. Number of business buildings affected (evacuated or required repair or gas service interrupted): | | 0 |
| D12. Wildlife impact: | | Yes |
| 12a. If Yes, specify all that apply: | | |
| | Fish/aquatic | |
| | Birds | |
| | Terrestrial | Yes |
| D13. If D2. Is No, answer D13a. | | |
| 13a. Did this incident occur in a Moderate Consequence Area (MCA)? | | |
| If D13a. is Yes, answer D13b | | |
| 13b. Select each of the items below that were present within the potential impact circle: | | |
| 5 or more buildings intended for human occupancy | | |
| Paved surface for a designated interstate, freeway, expressway, or other principal 4-lane arterial roadway | | |
| PART E - ADDITIONAL OPERATING INFORMATION | | |
| E1. Estimated pressure at the point and time of the Incident (psig): | | 674.00 |
| E1a. Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D): | | .00 |
| E2. Maximum Allowable Operating Pressure (MAOP) at the point and time of the Incident (psig): | | 936.00 |
| E2a. MAOP established by 49 CFR section: | | 192.619(a)(1) |
| | - If Other, specify: | |
| E2b. Date MAOP established: | | 10/07/2014 |
| E2c. Was the MAOP in E2a and b established in conjunction with a reversal of flow direction? | | Yes |
| E3. Describe the pressure on the system or facility relating to the Incident: | | Pressure did not exceed MAOP |
| E4. Was the system or facility relating to the Incident operating under an "established pressure restriction" with pressure limits below those normally allowed by the MAOP ? | | No |
| - If Yes - (Complete 4a and 4b below) | | |
| E4a. Did the pressure exceed this established pressure restriction? | | |
| E4b. Was this pressure restriction mandated by PHMSA or the State? | | |
| E5. Was the gas at the point of failure required to be odorized in accordance with §192.625? | | No |
| If yes, Was the gas at the point of failure odorized in accordance with §192.625? | | |
| If A14 is "Onshore Pipeline, Including Valve Sites" or "Offshore Pipeline, Including Riser and Riser Bend", complete E6 through E8 | | |
| E6. Length of segment between upstream and downstream shut-off valves closest to failure location (ft): | | 77,669 |
| E7. Is the pipeline configured to accommodate internal inspection tools? | | Yes |
| - If No, Which physical features limit tool accommodation? (select all that apply) | | |
| | - Changes in line pipe diameter | |
| | - Presence of unsuitable mainline valves | |
| | - Tight or mitered pipe bends | |
| | - Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.) | |

| | |
|--|--|
| - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) | |
| - Other | |
| - If Other, Describe: | |
| E8. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run? | No |
| - If Yes, Which operational factors complicate execution? (select all that apply) | |
| - Excessive debris or scale, wax, or other wall build-up | |
| - Low operating pressure(s) | |
| - Low flow or absence of flow | |
| - Incompatible commodity | |
| - Other | |
| - If Other, Describe: | |
| E9. Function of pipeline system: (select only one) | Transmission System |
| E10. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Incident? | Yes |
| - If Yes: | |
| E10a. Was it operating at the time of the Incident? | Yes |
| E10b. Was it fully functional at the time of the Incident? | Yes |
| E10c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume or pack calculations) assist with the initial indication of the Incident? | Yes |
| E10d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmed discovery of the Incident? | Yes |
| E11. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Incident? | Yes, but the investigation of the control room and/or controller actions has not yet been completed by the operator (Supplemental Report Required) |
| - If No, the operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the operator did not investigate) | |
| - If Yes, Describe investigation result(s) (select all that apply): | |
| - Investigation reviewed work schedule rotations, continuous hours of service (while working for the operator), and other factors associated with fatigue | |
| - Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator) and other factors associated with fatigue | |
| - Provide an explanation for why not: | |
| - Investigation identified no control room issues | |
| - Investigation identified no controller issues | |
| - Investigation identified incorrect controller action or controller error | |
| - Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response | |
| - Investigation identified incorrect procedures | |
| - Investigation identified incorrect control room equipment operation | |
| - Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response | |
| - Investigation identified areas other than those above – | |
| Describe: | |
| PART F - DRUG & ALCOHOL TESTING INFORMATION | |
| F1. As a result of this Incident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? | Yes |
| - If Yes: | |
| F1a. How many were tested: | 5 |
| F1b. How many failed: | 0 |
| F2. As a result of this Incident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? | Yes |
| - If Yes: | |
| F2a. How many were tested: | 1 |
| F2b. How many failed: | 0 |
| PART G - APPARENT CAUSE | |
| Select only one box from PART G in the shaded column on the left representing the APPARENT Cause of the Incident, and answer the questions on the right. Enter secondary, contributing, or root causes of the Incident in Part K – Contributing Factors. | |

| | |
|--|---------------------------|
| Apparent Cause: | G2 - Natural Force Damage |
| G1 - Corrosion Failure - only one sub-cause can be picked from shaded left-hand column | |
| Corrosion Failure – Sub-cause: | |
| - If External Corrosion: | |
| 1. Results of visual examination: | |
| - If Other, Describe: | |
| 2. Type of corrosion: <i>(select all that apply)</i> | |
| - Galvanic | |
| - Atmospheric | |
| - Stray Current | |
| - Microbiological | |
| - Selective Seam | |
| - Other | |
| - If Other – Describe: | |
| 2a. If 2 is Stray Current, specify | |
| 2b. Describe the stray current source: | |
| 3. The type(s) of corrosion selected in Question 2 is based on the following: <i>(select all that apply)</i> | |
| - Field examination | |
| - Determined by metallurgical analysis | |
| - Other | |
| - If Other – Describe: | |
| 4. Was the failed item buried or submerged? | |
| - If Yes: | |
| 4a. Was failed item considered to be under cathodic protection at the time of the incident? | |
| - If Yes, Year protection started: | |
| 4b. Was shielding, tenting, or disbonding of coating evident at the point of the incident? | |
| 4c. Has one or more Cathodic Protection Survey been conducted at the point of the incident? <i>(select all that apply)</i> | |
| If "Yes, CP Annual Survey" – Most recent year conducted: | |
| If "Yes, Close Interval Survey" – Most recent year conducted: | |
| If "Yes, Other CP Survey" – Most recent year conducted: | |
| Describe other CP survey | |
| - If No: | |
| 4d. Was the failed item externally coated or painted? | |
| 5. Was there observable damage to the coating or paint in the vicinity of the corrosion? | |
| - If Internal Corrosion: | |
| 6. Results of visual examination: | |
| - If Other, Describe: | |
| 7. Cause of corrosion <i>(select all that apply)</i> : | |
| - Corrosive Commodity | |
| - Water drop-out/Acid | |
| - Microbiological | |
| - Erosion | |
| - Other | |
| - If Other, Describe: | |
| 8. The cause(s) of corrosion selected in Question 7 is based on the following <i>(select all that apply)</i> : | |
| - Field examination | |
| - Determined by metallurgical analysis | |
| - Other | |
| - If Other, Describe: | |
| 9. Location of corrosion <i>(select all that apply)</i> : | |
| - Low point in pipe | |
| - Elbow | |
| - Drop-out | |
| - Dead-Leg | |
| - Other | |
| - If Other, Describe: | |
| 10. Was the gas/fluid treated with corrosion inhibitors or biocides? | |
| 11. Was the interior coated or lined with protective coating? | |
| 12. Were cleaning/dewatering pigs (or other operations) routinely utilized? | |
| 13. Were corrosion coupons routinely utilized? | |

| G2 - Natural Force Damage - only one sub-cause can be picked from shaded left-handed column | |
|--|--|
| Natural Force Damage – Sub-Cause: | Other Natural Force Damage |
| - If Earth Movement, NOT due to Heavy Rains/Floods: | |
| 1. Specify: | |
| | - If Other, Descr be: |
| - If Heavy Rains/Floods: | |
| 2. Specify: | |
| | - If Other, Descr be: |
| - If Lightning: | |
| 3. Specify: | |
| - If Temperature: | |
| 4. Specify: | |
| | - If Other, Descr be: |
| - If Other Natural Force Damage: | |
| 5. Describe: | The apparent cause of the incident is under investigation by the NTSB. |
| Complete the following if any Natural Force Damage sub-cause is selected. | |
| 6. Were the natural forces causing the Incident generated in conjunction with an extreme weather event? | No |
| 6a. If yes, specify: (select all that apply): | |
| - Hurricane | |
| - Tropical Storm | |
| - Tornado | |
| - Other | |
| | - If Other, Describe: |
| G3 - Excavation Damage only one sub-cause can be picked from shaded left-hand column | |
| Excavation Damage – Sub-Cause: | |
| Complete the following if Excavation Damage by Third Party is selected as the sub-cause. | |
| 1. Did the operator get prior notification of the excavation activity? | |
| 1a. If Yes, Notification received from (select all that apply): | |
| - One-Call System | |
| - Excavator | |
| - Contractor | |
| - Landowner | |
| 1b. Per the primary Incident Investigator results, did State law exempt the excavator from notifying the one-call center? | |
| If yes, answer 1c. through 1e | |
| 1c. select one of the following: | |
| | Describe: |
| 1d. Exempting authority | |
| 1e. Exempting criteria | |
| Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected. | |
| 2. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)? | |
| 3. Right-of-Way where event occurred (select all that apply): | |
| - Public | |
| | - If Public, Specify: |
| - Private | |
| | - If Private, Specify: |
| - Pipeline Property/Easement | |
| - Power/Transmission Line | |
| - Railroad | |
| - Dedicated Public Utility Easement | |
| - Federal Land | |
| - Data not collected | |
| - Unknown/Other | |
| 4. Type of excavator : | |
| 5. Type of excavation equipment : | |
| 6. Type of work performed : | |
| 7. Was the One-Call Center notified? - Yes - No | |
| If No, skip to question 11 | |
| 7a. If Yes, specify ticket number: | |

| | |
|---|--|
| 7b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified: | |
| 8. Type of Locator: | |
| 9. Were facility locate marks visible in the area of excavation? | |
| 10. Were facilities marked correctly? | |
| 11. Did the damage cause an interruption in service? | |
| 11a. If Yes, specify duration of the interruption: (hours) | |
| 12. Description of the CGA-DIRT Root Cause (select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, then one predominant second level CGA-DIRT Root Cause as well): | |
| - Predominant first level CGA-DIRT Root Cause: | |
| - If One-Call Notification Practices Not Sufficient, Specify: | |
| - If Locating Practices Not Sufficient, Specify: | |
| - If Excavation Practices Not Sufficient, Specify: | |
| - If Other/None of the Above, Explain: | |
| G4 - Other Outside Force Damage - only one sub-cause can be selected from the shaded left-hand column | |
| Other Outside Force Damage – Sub-Cause: | |
| - If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation: | |
| 1. Vehicle/Equipment operated by: If this sub-section is picked, please complete questions 5-11 below | |
| - If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost Their Mooring: | |
| 2. Select one or more of the following IF an extreme weather event was a factor: | |
| - Hurricane | |
| - Tropical Storm | |
| - Tornado | |
| - Heavy Rains/Flood | |
| - Other | |
| - If Other, Describe: | |
| - If Intentional Damage: | |
| 3. Specify: | |
| - If Other, Describe: | |
| - If Other Outside Force Damage: | |
| 4. Describe: | |
| Complete the following if Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation sub-cause is selected. | |
| 5. Was the driver of the vehicle or equipment issued one or more citations related to the incident? | |
| If 5 is Yes, what was the nature of the citations (select all that apply) | |
| 5a. Excessive Speed | |
| 5b. Reckless Driving | |
| 5c. Driving Under the Influence | |
| 5d. Other | |
| Describe: | |
| 6. Was the driver under control of the vehicle at the time of the collision? | |
| 7. Estimated speed of the vehicle at the time of impact (miles per hour)? | |
| Unknown | |
| 8. Type of vehicle? | |
| 9. Where did the vehicle travel from to hit the pipeline facility? | |
| 10. Shortest distance from answer in 9. to the damaged pipeline facility (in feet): | |
| 11. At the time of the Incident, were protections installed to protect the damaged pipeline facility from vehicular damage? | |
| If 11. is Yes, specify type of protection (select all that apply): | |
| 11a. Bollards/Guard Posts | |
| 11b. Barricades – include Jersey barriers and fences in instructions | |
| 11c. Guard Rails | |
| 11d. Other | |
| Describe | |
| G5 - Pipe, Weld, or Joint Failure | Use this section to report material failures ONLY IF the "Item Involved in Incident" (from PART C, Question 3) is "Pipe" or "Weld." |
| | Only one sub-cause can be selected from the shaded left-hand column |

| | |
|--|---------------------------------|
| Pipe, Weld or Join Failure – Sub-Cause: | |
| 1. The sub-cause shown above is based on the following <i>(select all that apply)</i> : | |
| - Field Examination | |
| - Determined by Metallurgical Analysis | |
| - Other Analysis | |
| | - If "Other Analysis", Describe |
| - Sub-cause is Tentative or Suspected; Still Under Investigation <i>(Supplemental Report required)</i> | |
| - Design-, Construction-, Installation-, or Fabrication-related | |
| 2. List contributing factors: <i>(select all that apply)</i> | |
| - Fatigue or Vibration related: | |
| | Specify: |
| | - If Other, Describe: |
| - Mechanical Stress | |
| - Other | |
| | - If Other, Describe: |
| - If Environmental Cracking-related: | |
| 3. Specify: | |
| | - If Other, Describe: |
| Complete the following if any Material Failure of Pipe or Weld sub-cause is selected. | |
| 4. Additional Factors <i>(select all that apply)</i> : | |
| - Dent | |
| - Gouge | |
| - Pipe Bend | |
| - Arc Burn | |
| - Crack | |
| - Lack of Fusion | |
| - Lamination | |
| - Buckle | |
| - Wrinkle | |
| - Misalignment | |
| - Burnt Steel | |
| - Other | |
| | - If Other, Describe: |
| 5. Post-construction pressure test value (psig) | |
| | Unknown |
| G6 - Equipment Failure - only one sub-cause can be selected from the shaded left-hand column | |
| Equipment Failure – Sub-Cause: | |
| - If Malfunction of Control/Relief Equipment: | |
| 1. Specify: | |
| - Control Valve | |
| - Instrumentation | |
| - SCADA | |
| - Communications | |
| - Block Valve | |
| - Check Valve | |
| - Relief Valve | |
| - Power Failure | |
| - Stopple/Control Fitting | |
| - Pressure Regulator | |
| - ESD System Failure | |
| - Other | |
| | - If Other, Describe: |
| - If Compressor or Compressor-related Equipment: | |
| 2. Specify: | |
| | - If Other, Describe: |
| - If Threaded Connection/Coupling Failure: | |
| 3. Specify: | |
| | - If Other, Describe: |
| - If Non-threaded Connection Failure: | |
| 4. Specify: | |
| | - If Other, Describe: |
| - If Other Equipment Failure: | |

| | |
|--|-----------------------|
| 5. Describe: | |
| Complete the following if any Equipment Failure sub-cause is selected. | |
| 6. Additional factors that contributed to the equipment failure <i>(select all that apply)</i> | |
| - Excessive vibration | |
| - Overpressurization | |
| - No support or loss of support | |
| - Manufacturing defect | |
| - Loss of electricity | |
| - Improper installation | |
| - Improper maintenance | |
| - Mismatched items (different manufacturer for tubing and tubing fittings) | |
| - Dissimilar metals | |
| - Breakdown of soft goods due to compatibility issues with transported gas/fluid | |
| - Valve vault or valve can contributed to the release | |
| - Alarm/status failure | |
| - Misalignment | |
| - Thermal stress | |
| - Erosion/abnormal wear | |
| - Other | |
| | - If Other, Describe: |
| G7 – Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column | |
| Incorrect Operation – Sub-Cause: | |
| - If Underground Gas Storage, Pressure Vessel, or Cavern Allowed or Caused to Overpressure: | |
| 1. Specify: | |
| | - If Other, Describe: |
| - If Other Incorrect Operation: | |
| 2. Describe: | |
| Complete the following if any Incorrect Operation sub-cause is selected. | |
| 3. Was this Incident related to: <i>(select all that apply)</i> | |
| - Inadequate procedure | |
| - No procedure established | |
| - Failure to follow procedure | |
| - Other: | |
| | - If Other, Describe: |
| 4. What category type was the activity that caused the Incident: | |
| 5. Was the task(s) that led to the Incident identified as a covered task in your Operator Qualification Program? | |
| 5a. If Yes, were the individuals performing the task(s) qualified for the task(s)? | |
| G8 - Other Incident Cause - only one sub-cause can be selected from the shaded left-hand column | |
| Other Incident Cause – Sub-Cause: | |
| - If Miscellaneous: | |
| 1. Describe: | |
| - If Unknown: | |
| 2. Specify: | |
| | Unknown |
| PART - H NARRATIVE DESCRIPTION OF THE INCIDENT | |

At approximately 4:36 PM EDT on May 4, 2020, TETLP's 30-inch diameter Line 10 transporting natural gas from Wheelersburg Compressor Station to Owingsville Compressor Station in Kentucky failed at M.P. 509.898. The failure resulted in an explosion and fire. TETLP received a call attendant alarm at 4:39 PM EDT from the Owingsville Compressor Station. During the ensuing minutes, TETLP began receiving reports from the public of a fire north of the Owingsville Compressor Station. TETLP personnel were immediately dispatched to close mainline block valve, MLV 10-367 at MP 517 and MLV 10-351 at the Owingsville Compressor Station, thus isolating the failed segment at 5:23 EDT. TETLP initiated the notification to the NRC at 5:23 PM EDT after receiving confirmed discovery of the pipeline failure and gathering the initial information to make the NRC notification with the call terminating at 5:40 PM EDT. Note that the NRC records the time the call was terminated on the NRC report and not the time of the call was initiated.

The apparent cause of the incident is under investigation by the NTSB. The incident cause is being reported as Other Incident Cause until the NTSB releases information about the incident cause. The Apparent Cause will be updated when it becomes available from the NTSB. Part J will be supplemented as well along with cause.

Note that E.1.a Estimated gas flow in pipe segment at the point and time of the incident (MSCF/D): is was approximately 1,433,000 Dth/d rate through the Owingsville compressor station which includes both Lines 10 and 25. Line 15, which shares the right of way with Lines 10 and 25 was isolated at the time of the incident.

11/23/2021

- Updated E.1 Estimated pressure in pipe segment at the point and time of the incident (psig) to 674 psig
- Updated PART G to indicate G2 - Natural Force Damage. The apparent cause of the incident is under investigation by the NTSB.

PART I - PREPARER AND AUTHORIZED SIGNATURE

| | |
|------------------------------------|--------------------------------|
| Preparer's Name | Mayra Salinas |
| Preparer's Title | Senior Engineer |
| Preparer's Telephone Number | [REDACTED] |
| Preparer's E-mail Address | [REDACTED] |
| Preparer's Facsimile Number | |
| Local Contact Name | Nathan Atanu |
| Optional Local Contact Email | [REDACTED] |
| Optional Local Contact Phone | [REDACTED] |
| Authorized Signer Name | Nathan Atanu |
| Authorized Signer Title | Manager Operational Compliance |
| Authorized Signer Telephone Number | [REDACTED] |
| Authorized Signer Email | [REDACTED] |
| Date | 11/23/2021 |

PART J - INTEGRITY INSPECTIONS

Complete the following if the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld and the "Cause" (from Part G) is:

Corrosion (any subCause in Part G1); or

Previous Damage due to Excavation Activity (subCause in Part G3); or

Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4); or

Material Failure of Pipe or Weld (any subCause in Part G5)

| | |
|--|--|
| J1. Have internal inspection tools collected data at the point of the Incident? | |
| J1a. If Yes, for each tool and technology used provide the information below for the most recent and previous tool runs: | |
| Axial Magnetic Flux Leakage | |
| Most recent run Year: | |
| Most recent run Propulsion Method (select only one): | |
| Most recent run Attuned to Detect (select only one): | |
| Describe | |
| If Metal Loss, specify (select only one): | |
| Describe | |
| Previous run Year: | |
| Previous run Propulsion Method (select only one): | |
| Previous run Attuned to Detect (select only one): | |
| Describe | |
| If Metal Loss, specify (select only one): | |
| Describe | |
| Circumferential/Transverse Wave Magnetic Flux Leakag | |
| Most recent run Year: | |
| Most recent run Propulsion Method (select only one): | |

| | |
|---|--|
| Most recent run Resolution (select only one): | |
| Describe: | |
| Previous run Year: | |
| Previous run Propulsion Method (select only one): | |
| Previous run Resolution (select only one): | |
| Describe: | |
| Ultrasonic | |
| Most recent run Year: | |
| Most recent run Propulsion Method (select only one): | |
| Most recent run Attuned to | |
| Describe | |
| If Attuned to Wall Measurement, most recent run Metal Loss Resolution (select only one): | |
| Describe: | |
| Previous run Year: | |
| Previous run Propulsion Method (select only one): | |
| Previous run Attuned to | |
| Describe | |
| If Attuned to Wall Measurement, previous run Metal Loss Resolution (select only one): | |
| Describe: | |
| Geometry/Deformation | |
| Most recent run Year: | |
| Most recent run Propulsion Method (select only one): | |
| Most recent run Resolution (select only one): | |
| Describe: | |
| Most recent run Measurement Cups (select only one): | |
| Previous run Year: | |
| Previous run Propulsion Method (select only one): | |
| Previous run Resolution | |
| Describe: | |
| Previous run Measurement Cups (select only one): | |
| Electromagnetic Acoustic Transducer (EMAT) | |
| (EMAT) Most recent run Year: | |
| Most recent run Propulsion Method (select only one): | |
| Previous run Year: | |
| Previous run Propulsion Method (select only one): | |
| Cathodic Protection Current Measurement (CPCM) | |
| Most recent run Year: | |
| Most recent run Propulsion Method (select only one): | |
| Previous run Year: | |
| Previous run Propulsion Method (select only one): | |
| Other | |
| Specify tool: | |
| Most recent run Year: | |
| Most recent run Propulsion Method (select only one): | |
| Previous run Year: | |
| Previous run Propulsion Method (select only one): | |
| Answer J1b only when the cause is: | |
| Previous Damage due to Excavation Activity (subCause in Part G3); or Previous Mechanical Damage NOT Related to Excavation (subCause in Part G4) | |
| J1b. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained? | |
| J2. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Incident? (initial post construction pressure test is NOT reported here) | |
| Most recent year tested: | |
| Test pressure (psig): | |
| J3. Has Direct Assessment been conducted on the pipeline segment? | |
| If Yes, and an investigative dig was conducted at the point of the Accident | |
| Most recent year conducted | |
| If Yes, but the point of the Accident was not identified as a dig site | |
| Most recent year conducted | |
| If Yes, J3a. For each type, indicate the year of the most recent assessment: | |
| External Corrosion Direct Assessment (ECDA) | |
| Internal Corrosion Direct Assessment (ICDA) | |
| Stress Corrosion Cracking Direct Assessment (SCCDA) | |

| | |
|--|--|
| Confirmatory Direct Assessment | |
| Other, specify type | |
| J4. Has one or more non-destructive examination been conducted prior to the Incident at the point of the Incident since January 1, 2002? | |
| J4a. If Yes, for each examination conducted, select type of non-destructive examination and indicate most recent year the examination was conducted: | |
| Radiography | |
| Guided Wave Ultrasonic | |
| Handheld Ultrasonic Tool | |
| Wet Magnetic Particle Test | |
| Dry Magnetic Particle Test | |
| Other | |
| Specify Type: | |

PART K - CONTRIBUTING FACTORS

The Apparent Cause of the accident is contained in Part G. Do not report the Apparent Cause again in this Part K. If Contributing Factors were identified, select all that apply below and explain each in the Narrative:

| | |
|--|--|
| External Corrosion | |
| External Corrosion, Galvanic | |
| External Corrosion, Atmospheric | |
| External Corrosion, Stray Current Induced | |
| External Corrosion, Microbiologically Induced | |
| External Corrosion, Selective Seam | |
| Internal Corrosion | |
| Internal Corrosion, Corrosive Commodity | |
| Internal Corrosion, Water drop-out/Acid | |
| Internal Corrosion, Microbiological | |
| Internal Corrosion, Erosion | |
| Natural Forces | |
| Earth Movement, NOT due to Heavy Rains/Floods | |
| Heavy Rains/Floods | |
| Lightning | |
| Temperature | |
| High Winds | |
| Tree/Vegetation Root | |
| Excavation Damage | |
| Excavation Damage by Operator (First Party) | |
| Excavation Damage by Operator's Contractor (Second Party) | |
| Excavation Damage by Third Party | |
| Previous Damage due to Excavation Activity | |
| Other Outside Force | |
| Nearby Industrial, Man-made, or Other Fire/Explosion | |
| Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation | |
| Damage by Boats, Barges, Drilling Rigs, or Other Adrift Maritime Equipment | |
| Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation | |
| Electrical Arcing from Other Equipment or Facility | |
| Previous Mechanical Damage NOT Related to Excavation | |
| Intentional Damage | |
| Other underground facilities buried within 12 inches of the failure location | |
| Pipe/Weld Failure | |
| Design-related | |
| Construction-related | |
| Installation-related | |
| Fabrication-related | |
| Original Manufacturing-related | |
| Environmental Cracking-related, Stress Corrosion Cracking | |
| Environmental Cracking-related, Sulfide Stress Cracking | |
| Environmental Cracking-related, Hydrogen Stress Cracking | |
| Environmental Cracking-related, Hard Spot | |
| Equipment Failure | |

| | |
|---|--|
| Malfunction of Control/Relief Equipment | |
| Compressor or Compressor-related Equipment | |
| Threaded Connection/Coupling Failure | |
| Non-threaded Connection Failure | |
| Defective or Loose Tubing or Fitting | |
| Failure of Equipment Body (except Compressor), Vessel Plate, or other Material | |
| Incorrect Operation | |
| Damage by Operator or Operator's Contractor NOT Excavation and NOT Vehicle/Equipment Damage | |
| Valve Left or Placed in Wrong Position, but NOT Resulting in Overpressure | |
| Pipeline or Equipment Overpressured | |
| Equipment Not Installed Properly | |
| Wrong Equipment Specified or Installed | |
| Inadequate Procedure | |
| No procedure established | |
| Failure to follow procedures | |