Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed $100,000 for each violation for each day the violation continues up to a maximum of $1,000,000 as provided in 49 USC 60122.

Form Approved
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Expires: 01/13/2014

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 2011 NATURAL OR OTHER GAS TRANSMISSION and GATHERING SYSTEMS**	**Report Submission Type** **INITIAL**

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 2137-0522. Public reporting for this collection of information is estimated to be approximately 22 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.

Important: Please read the separate instructions for completing this form before you begin.

PART A - OPERATOR INFORMATION | DOT USE ONLY | **20120552 - 25107**

1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)

22189

2. NAME OF COMPANY OR ESTABLISHMENT:

PUGET SOUND ENERGY

IF SUBSIDIARY, NAME OF PARENT:

PUGET ENERGY

RECEIVED
MAR 13 2012
State of Washington
UTC
Pipeline Safety Program

3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:

Name: **Darryl Hong**

Title: **Gas Compliance Program Coordinator**

Email Address: **darryl.hong@pse.com**

Telephone Number: **(425) 766-3388**

4. HEADQUARTERS ADDRESS:

PUGET SOUND ENERGY
Company Name

PO BOX 90868
Street Address

State: **WA** Zip Code: **98009-0868**

(888) 225-5773
Telephone Number

5. THIS REPORT PERTAINS TO THE FOLLOWING COMMODITY GROUP: *(Select Commodity Group based on the predominant gas carried and complete the report for that Commodity Group. File a separate report for each Commodity Group included in this OPID.)*

Natural Gas

6. CHARACTERIZE THE PIPELINES AND/OR PIPELINE FACILITIES COVERED BY THIS OPID AND COMMODITY GROUP WITH RESPECT TO COMPLIANCE WITH PHMSA'S INTEGRITY MANAGEMENT PROGRAM REGULATIONS (49 CFR 192 Subpart O).

Portions of SOME OR ALL of the pipelines and/or pipeline facilities covered by this OPID and Commodity Group are included in an Integrity Management Program subject to 49 CFR 192. If this box is checked, complete all PARTs of this form in accordance with PART A, Question 8.

7. FOR THE DESIGNATED "COMMODITY GROUP", THE PIPELINES AND/OR PIPELINE FACILITIES INCLUDED WITHIN THIS OPID ARE: *(Select one or both)*

INTERstate pipeline - List all of the States in which INTERstate pipelines and/or pipeline facilities included under this OPID exist: **WASHINGTON** etc.

INTRAstate pipeline - List all of the States in which INTRAstate pipelines and/or pipeline facilities included under this OPID exist: **WASHINGTON** etc.

8. DOES THIS REPORT REPRESENT A CHANGE FROM LAST YEAR'S FINAL REPORTED NUMBERS FOR ONE OR MORE OF THE FOLLOWING PARTs: PART B, D, E, H, I, J, K, or L? *(For calendar year 2010 reporting or if this is a first-time Report for an operator or OPID, Commodity Group(s), or pipelines and/or pipeline facilities, select the first box only. For subsequent years' reporting, select either No or one or both of the Yes choices.)*

☐ This report is **FOR CALENDAR YEAR 2010** reporting **or is a FIRST-TIME REPORT** and, therefore, *the remaining choices in this Question 8 do not apply.* Complete all remaining PARTS of this form as applicable

☐ NO, there are **NO CHANGES** from last year's final reported information for PARTs B, D, E, H, I, J, K, or L. Complete PARTs A, C, M, and N, along with PARTs F, G, and O when applicable.

☑ YES, this report represents a **CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION** for one or more of PARTs B, D, E, H, I, J, K, or L ***due to corrected information;*** *however, the pipelines and/or pipeline facilities and operations are the same* as those which were covered under last year's report. Complete PARTs A, C, M, and N, along with only those other PARTs which changed (including PARTs B, F, G, and O when applicable).

☐ YES, this report represents a **CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION** for PARTs B, D, E, H, I, J, K, or L because of one or more of the following ***change(s) in pipelines and/or pipeline facilities and/or operations*** from those which were covered under last year's report. Complete PARTs A, C, M, and N, along with only those other PARTs which changed (including PARTs B, F, G, and O when applicable). *(Select all reasons for these changes from the following list)*

- ☐ Merger of companies and/or operations, acquisition of pipelines and/or pipeline facilities
- ☐ Divestiture of pipelines and/or pipeline facilities
- ☐ New construction or new installation of pipelines and/or pipeline facilities
- ☐ Conversion to service, change in commodity transported, or c change in MAOP (maximum allowable operating pressure)
- ☐ Abandonment of existing pipelines and/or pipeline facilities
- ☐ Change in HCA's identified, HCA Segments, or other changes to Operator's Integrity Management Program
- ☐ Change in OPID

Other – Describe: , false

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For the designated Commodity Group, complete PARTs B, C, D, and E one time for all pipelines and/or pipeline facilities – both INTERstate and INTRAstate - included within this OPID.

PART B – TRANSMISSION PIPELINE HCA MILES	
	Number of HCA Miles in the IMP Program
Onshore	4.5
Offshore	0
Total Miles	4.5

PART C - VOLUME TRANSPORTED IN TRANSMISSION PIPELINES (ONLY) IN MILLION SCF PER YEAR (excludesTransmission lines of Gas Distribution systems)	Check this box and proceed to PART D without completing this PART C if this report only includes gathering pipelines or transmission lines of gas distribution systems.	
	Onshore	**Offshore**
Natural Gas	55071.00	
Propane Gas		
Synthetic Gas		
Hydrogen Gas		
Other Gas - Name: N		

PART D - MILES OF STEEL PIPE BY CORROSION PROTECTION					
	Cathodically protected		Cathodically unprotected		Total Miles
	Bare	Coated	Bare	Coated	
Transmission					
Onshore	0	27.41	0	0	*27.41*
Offshore	0	0	0	0	*0*
Subtotal Transmission	*0*	*27.41*	*0*	*0*	*27.41*
Gathering					
Onshore Type A	0	0	0	0	*0*
Onshore Type B	0	0	0	0	*0*
Offshore	0	0	0	0	*0*
Subtotal Gathering	*0*	*0*	*0*	*0*	*0*
Total Miles	*0*	*27.41*	*0*	*0*	*27.41*

PART E - MILES OF non-STEEL PIPE BY TYPE AND LOCATION					
	Cast Iron Pipe	Wrought Iron Pipe	Plastic Pipe	Other Pipe	Total Miles
Transmission					
Onshore	0	0	0	0	*0*
Offshore	0	0	0	0	*0*
Subtotal Transmission	*0*	*0*	*0*	*0*	*0*
Gathering					
Onshore Type A	0	0	0	0	*0*
Onshore Type B	0	0	0	0	*0*
Offshore	0	0	0	0	*0*
Subtotal Gathering	*0*	*0*	*0*	*0*	*0*
Total Miles	*0*	*0*	*0*	*0*	*0*

For the designated Commodity Group, complete PARTs F and G <u>one time for all INTERstate pipelines and/or pipeline facilities</u> included within this OPID and multiple times as needed for the designated Commodity Group <u>for each State in which INTRAstate pipelines and/or pipeline facilities</u> included within this OPID exist. Each time these sections are completed, designate the State to which the data applies for INTRAstate pipelines and/or pipeline facilities, or that it applies to all INTERstate pipelines included within this Commodity Group and OPID.

PARTs F and G

The data reported in these PARTs F and G applies to: *(select only one)*

PART F - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION

INTERSTATE pipelines/pipeline facilities

1. MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
a. Corrosion or metal loss tools	0
b. Dent or deformation tools	0
c. Crack or long seam defect detection tools	0
d. Any other internal inspection tools	0
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	*0*
2. ACTIONS TAKEN IN CALENDAR YEAR BASED ON IN-LINE INSPECTIONS	
a. Based on ILI data, total number of anomalies excavated in calendar year because they met the operator's criteria for excavation.	0
b. Total number of anomalies repaired in calendar year that were identified by ILI based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	0
c. Total number of conditions repaired WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
a. Total mileage inspected by pressure testing in calendar year.	0
b. Total number of pressure test failures (ruptures and leaks) repaired in calendar year, both within an HCA Segment and outside of an HCA Segment.	0
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN AN HCA SEGMENT.	0
d. Total number of pressure test leaks (less than complete wall failure but including escape of test medium) repaired in calendar year WITHIN AN HCA SEGMENT.	0
4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods)	
a. Total mileage inspected by each DA method in calendar year.	0
1. ECDA	0
2. ICDA	0
3. SCCDA	0
b. Total number of anomalies identified by each DA method and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	0
1. ECDA	0
2. ICDA	0
3. SCCDA	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0

3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
5. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON OTHER INSPECTION TECHNIQUES	
a. Total mileage inspected by inspection techniques other than those listed above in calendar year.	0
b. Total number of anomalies identified by other inspection techniques and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
6. TOTAL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN IN CALENDAR YEAR	
a. Total mileage inspected in calendar year. (Lines 1.e + 3.a + 4.a.1 + 4.a.2 + 4.a.3 + 5.a)	*0*
b. Total number of anomalies repaired in calendar year both within an HCA Segment and outside of an HCA Segment. (Lines 2.b + 3.b + 4.b.1 + 4.b.2 + 4.b.3 + 5.b)	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c.1 + 2.c.2 + 2.c.3 + 2.c.4 + 3.c + 3.d + 4.c.1 + 4.c.2 + 4.c.3 + 4.c.4 + 5.c.1 + 5.c.2 + 5.c.3 + 5.c.4)	0

PART G– MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Segment miles ONLY)	
a. Baseline assessment miles completed during the calendar year.	0
b. Reassessment miles completed during the calendar year.	0
c. Total assessment and reassessment miles completed during the calendar year.	0

PART F - INTEGRITY INSPECTIONS CONDUCTED AND ACTIONS TAKEN BASED ON INSPECTION

INTRASTATE pipelines/pipeline facilities WASHINGTON

1. MILEAGE INSPECTED IN CALENDAR YEAR USING THE FOLLOWING IN-LINE INSPECTION (ILI) TOOLS	
a. Corrosion or metal loss tools	0
b. Dent or deformation tools	0
c. Crack or long seam defect detection tools	0
d. Any other internal inspection tools	0
e. Total tool mileage inspected in calendar year using in-line inspection tools. (Lines a + b + c + d)	*0*
2. ACTIONS TAKEN IN CALENDAR YEAR BASED ON IN-LINE INSPECTIONS	
a. Based on ILI data, total number of anomalies excavated in calendar year because they met the operator's criteria for excavation.	0
b. Total number of anomalies repaired in calendar year that were identified by ILI based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	0
c. Total number of conditions repaired WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
3. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON PRESSURE TESTING	
a. Total mileage inspected by pressure testing in calendar year.	0
b. Total number of pressure test failures (ruptures and leaks) repaired in calendar year, both within an HCA Segment and outside of an HCA Segment.	0
c. Total number of pressure test ruptures (complete failure of pipe wall) repaired in calendar year WITHIN AN HCA SEGMENT.	0
d. Total number of pressure test leaks (less than complete wall failure but including escape of test medium) repaired in calendar year WITHIN AN HCA SEGMENT.	0

4. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON DA (Direct Assessment methods)	
a. Total mileage inspected by each DA method in calendar year.	0
1. ECDA	0
2. ICDA	0
3. SCCDA	0
b. Total number of anomalies identified by each DA method and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	0
1. ECDA	0
2. ICDA	0
3. SCCDA	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
5. MILEAGE INSPECTED AND ACTIONS TAKEN IN CALENDAR YEAR BASED ON OTHER INSPECTION TECHNIQUES	
a. Total mileage inspected by inspection techniques other than those listed above in calendar year.	0
b. Total number of anomalies identified by other inspection techniques and repaired in calendar year based on the operator's criteria, both within an HCA Segment and outside of an HCA Segment.	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT meeting the definition of:	0
1. "Immediate repair conditions" [192.933(d)(1)]	0
2. "One-year conditions" [192.933(d)(2)]	0
3. "Monitored conditions" [192.933(d)(3)]	0
4. Other "Scheduled conditions" [192.933(c)]	0
6. TOTAL MILEAGE INSPECTED (ALL METHODS) AND ACTIONS TAKEN IN CALENDAR YEAR	
a. Total mileage inspected in calendar year. (Lines 1.e + 3.a + 4.a.1 + 4.a.2 + 4.a.3 + 5.a)	*0*
b. Total number of anomalies repaired in calendar year both within an HCA Segment and outside of an HCA Segment. (Lines 2.b + 3.b + 4.b.1 + 4.b.2 + 4.b.3 + 5.b)	0
c. Total number of conditions repaired in calendar year WITHIN AN HCA SEGMENT. (Lines 2.c.1 + 2.c.2 + 2.c.3 + 2.c.4 + 3.c + 3.d + 4.c.1 + 4.c.2 + 4.c.3 + 4.c.4 + 5.c.1 + 5.c.2 + 5.c.3 + 5.c.4)	0
PART G– MILES OF BASELINE ASSESSMENTS AND REASSESSMENTS COMPLETED IN CALENDAR YEAR (HCA Segment miles ONLY)	
a. Baseline assessment miles completed during the calendar year.	0
b. Reassessment miles completed during the calendar year.	0
c. Total assessment and reassessment miles completed during the calendar year.	0

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For the designated Commodity Group, complete PARTs H, I, J, K, L, and M covering INTERstate pipelines and/or pipeline facilities for each State in which INTERstate systems exist within this OPID and again covering INTRAstate pipelines and/or pipeline facilities for each State in which INTRAstate systems exist within this OPID.

PARTs H, I, J, K, L and M

The data reported in these PARTs H, I, J, K, L and M applies to:

INTERSTATE pipelines/pipeline facilities WASHINGTON

PART H - MILES OF TRANSMISSION PIPE BY NOMINAL PIPE SIZE (NPS)

Onshore	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	.06	2.02	6.13	1.85	0	1.72	3.14	0	1.72
	22"	24"	26"	28"	30"	32"	34"	36"	38"
	0	2.4	0	0	0	0	0	0	0
	40"	42"	44"	46"	48"	50"	52"	54"	56"
	0	0	0	0	0	0	0	0	0
	58" and over	Additional Sizes and Miles (Size – Miles;):							
	0	0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0;							
19.04	Total Miles of Onshore Pipe – Transmission								
Offshore	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	22"	24"	26"	28"	30"	32"	34"	36"	38"
	40"	42"	44"	46"	48"	50"	52"	54"	56"
	58" and over	Additional Sizes and Miles (Size – Miles;):							
		-; -; -; -; -; -; -; -; -; -;							
	Total Miles of Offshore Pipe – Transmission								

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PART I - MILES OF GATHERING PIPE BY NOMINAL PIPE SIZE (NPS)

Onshore Type A	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"	
	22"	24"	26"	28"	30"	32"	34"	36"	38"	
	40"	42"	44"	46"	48"	50"	52"	54"	56"	58" and over
	Additional Sizes and Miles (Size – Miles;):									
	Total Miles of Onshore Type A Pipe – Gathering									
Onshore Type B	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"	
	22"	24"	26"	28"	30"	32"	34"	36"	38"	
	40"	42"	44"	46"	48"	50"	52"	54"	56"	58" and over
	Additional Sizes and Miles (Size – Miles;):									
	Total Miles of Onshore Type B Pipe – Gathering									
Offshore	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"	
	22"	24"	26"	28"	30"	32"	34"	36"	38"	
	40"	42"	44"	46"	48"	50"	52"	54"	56"	58" and over
	Additional Sizes and Miles (Size – Miles;):									
	Total Miles of Offshore Pipe – Gathering									

PART J – MILES OF PIPE BY DECADE INSTALLED

Decade Pipe Installed	Pre-40 or Unknown	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
Transmission						
Onshore	0	0	0	4.68	3.52	2.39
Offshore						
Subtotal Transmission	0	0	0	4.68	3.52	2.39
Gathering						
Onshore Type A						
Onshore Type B						
Offshore						
Subtotal Gathering						

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Total Miles	*0*	*0*	*0*	*4.68*	*3.52*	*2.39*
Decade Pipe Installed	1990 - 1999	2000 - 2009	2010 - 2019			Total Miles
Transmission						
Onshore	7.15	1.3	0			*19.04*
Offshore						
Subtotal Transmission	7.15	1.3	0			*19.04*
Gathering						
Onshore Type A						
Onshore Type B						
Offshore						
Subtotal Gathering						
Total Miles	*7.15*	*1.3*	*0*			*19.04*

PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH

ONSHORE	**CLASS LOCATION**				Total Miles
	Class I	Class 2	Class 3	Class 4	
Less than 20% SMYS	.06	0	0	0	.06
Greater than or equal to 20% SMYS but less than 30% SMYS	1.47	0	0	3.64	5.11
Greater than or equal to 30% SMYS but less than or equal to 40% SMYS	3.9	0	0	0	3.9
Greater than 40% SMYS but less than or equal to 50% SMYS	2.29	3.47	0	0	5.76
Greater than 50% SMYS but less than or equal to 60% SMYS	.81	3.4	0	0	4.21
Greater than 60% SMYS but less than or equal to 72% SMYS	0	0	0	0	0
Greater than 72% SMYS but less than or equal to 80% SMYS	0	0	0	0	0
Greater than 80% SMYS	0	0	0	0	0
Unknown percent of SMYS	0	0	0	0	0
All Non-Steel pipe	0	0	0	0	0
Onshore Totals	8.53	6.87	0	3.64	19.04
OFFSHORE	Class I				
Less than or equal to 50% SMYS					
Greater than 50% SMYS but less than or equal to 72% SMYS					
Offshore Total					
Total Miles	8.53				*19.04*

PART L - MILES OF PIPE BY CLASS LOCATION

	Class Location				Total Class Location Miles	HCA Miles in the IMP Program
	Class I	Class 2	Class 3	Class 4		

Transmission						
Onshore	8.53	6.87	0	3.64	19.04	.1
Offshore	0	0	0	0	0	
Subtotal Transmission	8.53	6.87	0	3.64	19.04	
Gathering						
Onshore Type A						
Onshore Type B						
Offshore						
Subtotal Gathering						
Total Miles	8.53	6.87	0	3.64	19.04	.1

PART M – INCIDENTS, FAILURES, LEAKS, AND REPAIRS

PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; INCIDENTS & FAILURES IN HCA SEGMENTS IN CALENDAR YEAR

Cause	Transmission Incidents, Leaks, and Failures						Gathering Leaks		
	Incidents in HCA Segments	Leaks				Failures in HCA Segments	Onshore Leaks		Offshore Leaks
		Onshore Leaks		Offshore Leaks			Type A	Type B	
		HCA	Non-HCA	HCA	Non-HCA				
External Corrosion	0	0	0	0	0	0			
Internal Corrosion	0	0	0	0	0	0			
Stress Corrosion Cracking	0	0	0	0	0	0			
Manufacturing	0	0	0	0	0	0			
Construction	0	0	0	0	0	0			
Equipment	0	0	0	0	0	0			
Incorrect Operations	0	0	0	0	0	0			
Third Party Damage/Mechanical Damage									
Excavation Damage	0	0	0	0	0	0			
Previous Damage (due to Excavation Activity)	0	0	0	0	0	0			
Vandalism (includes all Intentional Damage)	0	0	0	0	0	0			
Weather Related/Other Outside Force									
Natural Force Damage (all)	0	0	0	0	0	0			
Other Outside Force Damage (excluding Vandalism and all Intentional Damage)	0	0	0	0	0	0			
Other	0	0	0	0	0	0			
Total	*0*	*0*	*0*	*0*	*0*	*0*			

PART M2 – KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

Transmission	0	Gathering	0

PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

Transmission		Gathering	
Onshore	0	Onshore Type A	
		Onshore Type B	
OCS	0	OCS	
Subtotal Transmission	0	Subtotal Gathering	
Total	0		

PARTs H, I, J, K, L and M

The data reported in these PARTs H, I, J, K, L and M applies to:

INTRASTATE pipelines/pipeline facilities WASHINGTON

PART H - MILES OF TRANSMISSION PIPE BY NOMINAL PIPE SIZE (NPS)

Onshore	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	0	3.44	0	.03	1.45	0	3.07	0	.38
	22"	24"	26"	28"	30"	32"	34"	36"	38"
	0	0	0	0	0	0	0	0	0
	40"	42"	44"	46"	48"	50"	52"	54"	56"
	0	0	0	0	0	0	0	0	0
	58" and over	Additional Sizes and Miles (Size – Miles;):							
	0	0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0; 0 - 0;							
8.37	Total Miles of Onshore Pipe – Transmission								
Offshore	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"
	22"	24"	26"	28"	30"	32"	34"	36"	38"
	40"	42"	44"	46"	48"	50"	52"	54"	56"
	58" and over	Additional Sizes and Miles (Size – Miles;):							
		-; -; -; -; -; -; -; -; -; -;							
	Total Miles of Offshore Pipe – Transmission								

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Expires: 01/13/2014

PART I - MILES OF GATHERING PIPE BY NOMINAL PIPE SIZE (NPS)

Onshore Type A	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"	
	22"	24"	26"	28"	30"	32"	34"	36"	38"	
	40"	42"	44"	46"	48"	50"	52"	54"	56"	58" and over
	Additional Sizes and Miles (Size – Miles;):									
	Total Miles of Onshore Type A Pipe – Gathering									
Onshore Type B	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"	
	22"	24"	26"	28"	30"	32"	34"	36"	38"	
	40"	42"	44"	46"	48"	50"	52"	54"	56"	58" and over
	Additional Sizes and Miles (Size – Miles;):									
	Total Miles of Onshore Type B Pipe – Gathering									
Offshore	NPS 4" or less	6"	8"	10"	12"	14"	16"	18"	20"	
	22"	24"	26"	28"	30"	32"	34"	36"	38"	
	40"	42"	44"	46"	48"	50"	52"	54"	56"	58" and over
	Additional Sizes and Miles (Size – Miles;):									
	Total Miles of Offshore Pipe – Gathering									

PART J – MILES OF PIPE BY DECADE INSTALLED

Decade Pipe Installed	Pre-40 or Unknown	1940 - 1949	1950 - 1959	1960 - 1969	1970 - 1979	1980 - 1989
Transmission						
Onshore	0	0	0	8.11	0	0
Offshore						
Subtotal Transmission	0	0	0	8.11	0	0
Gathering						
Onshore Type A						
Onshore Type B						
Offshore						
Subtotal Gathering						

Total Miles	*0*	*0*	*0*	*8.11*	*0*	*0*
Decade Pipe Installed	1990 - 1999	2000 - 2009	2010 - 2019			Total Miles
Transmission						
Onshore	0	0	.26			*8.37*
Offshore						
Subtotal Transmission	0	0	.26			*8.37*
Gathering						
Onshore Type A						
Onshore Type B						
Offshore						
Subtotal Gathering						
Total Miles	*0*	*0*	*.26*			*8.37*

PART K- MILES OF TRANSMISSION PIPE BY SPECIFIED MINIMUM YIELD STRENGTH

ONSHORE	**CLASS LOCATION**				Total Miles
	Class I	Class 2	Class 3	Class 4	
Less than 20% SMYS	0	0	0	.28	.28
Greater than or equal to 20% SMYS but less than 30% SMYS	0	0	0	8.09	8.09
Greater than or equal to 30% SMYS but less than or equal to 40% SMYS	0	0	0	0	0
Greater than 40% SMYS but less than or equal to 50% SMYS	0	0	0	0	0
Greater than 50% SMYS but less than or equal to 60% SMYS	0	0	0	0	0
Greater than 60% SMYS but less than or equal to 72% SMYS	0	0	0	0	0
Greater than 72% SMYS but less than or equal to 80% SMYS	0	0	0	0	0
Greater than 80% SMYS	0	0	0	0	0
Unknown percent of SMYS	0	0	0	0	0
All Non-Steel pipe	0	0	0	0	0
Onshore Totals	0	0	0	8.37	8.37
OFFSHORE	Class I				
Less than or equal to 50% SMYS					
Greater than 50% SMYS but less than or equal to 72% SMYS					
Offshore Total					
Total Miles	0				*8.37*

PART L - MILES OF PIPE BY CLASS LOCATION

	Class Location				Total Class Location Miles	HCA Miles in the IMP Program
	Class I	Class 2	Class 3	Class 4		

Transmission						
Onshore	0	0	0	8.37	8.37	*4.4*
Offshore	0	0	0	0	0	
Subtotal Transmission	0	0	0	8.37	8.37	
Gathering						
Onshore Type A						
Onshore Type B						
Offshore						
Subtotal Gathering						
Total Miles	0	0	0	8.37	8.37	*4.4*

PART M – INCIDENTS, FAILURES, LEAKS, AND REPAIRS

PART M1 – ALL LEAKS ELIMINATED/REPAIRED IN CALENDAR YEAR; INCIDENTS & FAILURES IN HCA SEGMENTS IN CALENDAR YEAR

Cause	Transmission Incidents, Leaks, and Failures						Gathering Leaks		
	Incidents in HCA Segments	Leaks				Failures in HCA Segments	Onshore Leaks		Offshore Leaks
		Onshore Leaks		Offshore Leaks			Type A	Type B	
		HCA	Non-HCA	HCA	Non-HCA				
External Corrosion	0	0	0	0	0	0			
Internal Corrosion	0	0	0	0	0	0			
Stress Corrosion Cracking	0	0	0	0	0	0			
Manufacturing	0	0	0	0	0	0			
Construction	0	0	0	0	0	0			
Equipment	0	0	0	0	0	0			
Incorrect Operations	0	0	0	0	0	0			
Third Party Damage/Mechanical Damage									
Excavation Damage	0	0	0	0	0	0			
Previous Damage (due to Excavation Activity)	0	0	0	0	0	0			
Vandalism (includes all Intentional Damage)	0	0	0	0	0	0			
Weather Related/Other Outside Force									
Natural Force Damage (all)	0	0	0	0	0	0			
Other Outside Force Damage (excluding Vandalism and all Intentional Damage)	0	0	0	0	0	0			
Other	0	0	0	0	0	0			
Total	*0*	*0*	*0*	*0*	*0*	*0*			

PART M2 – KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR

Transmission		Gathering	

PART M3 – LEAKS ON FEDERAL LAND OR OCS REPAIRED OR SCHEDULED FOR REPAIR

Transmission		Gathering	
Onshore	0	Onshore Type A	
		Onshore Type B	
OCS	0	OCS	
Subtotal Transmission	0	Subtotal Gathering	
Total	0		

For the designated Commodity Group, complete PART N one time for all of the pipelines and/or pipeline facilities included within this OPID, and then also PART O if any portion(s) of the pipelines and/or pipeline facilities covered under this Commodity Group and OPID are included in an Integrity Management Program subject to 49 CFR 192.

PART N - PREPARER SIGNATURE (applicable to all PARTs A - M)

Darryl Hong
Preparer's Name(type or print)

(425) 462-3911
Telephone Number

Compliance Program Coordinator
Preparer's Title

(425) 456-2724
Facsimile Number

darryl.hong@pse.com
Preparer's E-mail Address

PART O - CERTIFYING SIGNATURE (applicable only to PARTs B, F, G, and M1)

Susan McLain
Senior Executive Officer's signature certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

(425) 462-3696
Telephone Number

Susan McLain
Senior Executive Officer's name certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

Senior Vice President, Delivery Operations
Senior Executive Officer's title certifying the information in PARTs B, F, G, and M as required by 49 U.S.C. 60109(f)

sue.mclain@pse.com
Senior Executive Officer's E-mail Address

NOTICE: This report is required by 49 CFR Part 191. Failure to report can result in a civil penalty not to exceed 100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0522
EXPIRATION DATE: 01/31/2014

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

Form Type:	INITIAL
ID:	15630
(DOT use only)	20121153-16230

ANNUAL REPORT FOR CALENDAR YEAR 2011 GAS DISTRIBUTION SYSTEM

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 2137-0522. Public reporting for this collection of information is estimated to be approximately 16 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.

PART A - OPERATOR INFORMATION

1. Name of Operator	PUGET SOUND ENERGY
2. LOCATION OF OFFICE (WHERE ADDITIONAL INFORMATION MAY BE OBTAINED)	
2a. Street Address	355 110th ave ne
2b. City and County	Bellevue,King
2c. State	WA
2d. Zip Code	98004
3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER	22189
4. HEADQUARTERS NAME & ADDRESS	
4a. Street Address	PO BOX 90868
4b. City and County	BELLEVUE,King
4c. State	WA
4d. Zip Code	90868
5. STATE IN WHICH SYSTEM OPERATES	WA

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PART B - SYSTEM DESCRIPTION

1.GENERAL

	STEEL									
	UNPROTECTED		CATHODICALLY PROTECTED							
	BARE	COATED	BARE	COATED	PLASTIC	CAST/ WROUGHT IRON	DUCTILE IRON	COPPER	OTHER	TOTAL
MILES OF MAIN	27.000	14.000	14.000	3837.000	8121.000	28.000	0.000	0.000	0.000	12041.000
N0. OF SERVICES	16246.000	234.000	1775.000	157040.000	642110.000	0.000	0.000	35.000	0.000	817440.000

2.MILES OF MAINS IN SYSTEM AT END OF YEAR

MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"	TOTAL
STEEL	0.000	2616.000	562.000	550.000	95.000	69.000	3892.000
DUCTILE IRON	0.000	0.000	0.000	0.000	0.000	0.000	0.000
COPPER	0.000	0.000	0.000	0.000	0.000	0.000	0.000
CAST/WROUGHT IRON	0.000	1.000	24.000	3.000	0.000	0.000	28.000
PLASTIC PVC	0.000	0.000	0.000	0.000	0.000	0.000	0.000
PLASTIC PE	0.000	6623.000	1012.000	486.000	0.000	0.000	8121.000
PLASTIC ABS	0.000	0.000	0.000	0.000	0.000	0.000	0.000
OTHER PLASTIC	0.000	0.000	0.000	0.000	0.000	0.000	0.000
OTHER	0.000	0.000	0.000	0.000	0.000	0.000	0.000
TOTAL	0.000	9240.000	1598.000	1039.000	95.000	69.000	12041.000

3.NUMBER OF SERVICES IN SYSTEM AT END OF YEAR

AVERAGE SERVICE LENGTH: 85

MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"	TOTAL
STEEL	0.000	132770.000	42200.000	308.000	15.000	2.000	175295.000
DUCTILE IRON	0.000	0.000	0.000	0.000	0.000	0.000	0.000
COPPER	0.000	25.000	10.000	0.000	0.000	0.000	35.000
CAST/WROUGHT IRON	0.000	0.000	0.000	0.000	0.000	0.000	0.000
PLASTIC PVC	0.000	0.000	0.000	0.000	0.000	0.000	0.000
PLASTIC PE	0.000	565245.000	76535.000	304.000	26.000	0.000	642110.000
PLASTIC ABS	0.000	0.000	0.000	0.000	0.000	0.000	0.000
OTHER PLASTIC	0.000	0.000	0.000	0.000	0.000	0.000	0.000
OTHER	0.000	0.000	0.000	0.000	0.000	0.000	0.000
TOTAL	0.000	698040.000	118745.000	612.000	41.000	2.000	817440.000

4.MILES OF MAIN AND NUMBER OF SERVICES BY DECADE OF INSTALLATION

	UNKNOWN	PRE-1940	1940-1949	1950-1959	1960-1969	1970-1979	1980-1989	1990-1999	2000-2009	2010-2019	TOTAL
MILES OF MAIN	96.000	0.000	0.000	418.000	1552.000	1549.000	1767.000	3758.000	2760.000	141.000	12041.000
NUMBER OF SERVICES	49097.000	0.000	0.000	13401.000	88704.000	71918.000	116794.000	246411.000	210243.000	20872.000	817440.000

PART C - TOTAL LEAKS AND HAZARDOUS LEAKS ELIMINATED/REPAIRED DURING THE YEAR

CAUSE OF LEAK	MAINS		SERVICES	
	TOTAL	HAZARDOUS	TOTAL	HAZARDOUS
CORROSION	69	16	68	45
NATURAL FORCES	10	5	38	33
EXCAVATION DAMAGE	103	97	668	661
OTHER OUTSIDE FORCE DAMAGE	6	4	32	31
MATERIAL OR WELDS	107	56	93	62
EQUIPMENT	177	34	136	59
INCORRECT OPERATIONS	11	7	24	11
OTHER	107	20	163	87

NUMBER OF KNOWN SYSTEM LEAKS AT END OF YEAR SCHEDULED FOR REPAIR : 362

PART D - EXCAVATION DAMAGE

NUMBER OF EXCAVATION DAMAGES: 850

NUMBER OF EXCAVATION TICKETS : 138028

PART E-EXCESS FLOW VALUE(EFV) DATA

NUMBER OF EFV'S INSTALLED THIS CALENDER YEAR ON SINGLE FAMILY RESIDENTIAL SERVICES: 9881

ESTIMATED NUMBER OF EFV'S IN SYSTEM AT THE END OF YEAR: 80662

PART F - LEAKS ON FEDERAL LAND

TOTAL NUMBER OF LEAKS ON FEDERAL LAND REPAIRED OR SCHEDULED TO REPAIR: 2

PART G-PERCENT OF UNACCOUNTED FOR GAS

UNACCOUUNTED FOR GAS AS A PERCENT OF TOTAL INPUT FOR THE 12 MONTHS ENDING JUNE 30 OF THE REPORTING YEAR.

INPUT FOR YEAR ENDING 6/30: .8%

PART H - ADDITIONAL INFORMATION

PART B SECTION 4: MILES OF MAIN AND NUMBER OF SERVICES IN THE 1950 and 1960 DECADES ARE ESTIMATES. MILES OF MAIN IN THE "UNKNOWN" COLUMN ARE ESTIMATES AND REPRESENT MAINS INSTALLED PRIOR TO 1954. CURRENT RECORDS DO NOT DIFFERENTIATE BY DECADE OF INSTALLATION. NUMBER OF SERVICES IN THE "UNKNOWN" COLUMN ARE ESTIMATES AND INCLUDE SERVICES INSTALLED PRIOR TO 1954 AND OTHER NON RECONCILED SERVICES. PART E: TOTAL NUMBER OF EXCESS FLOW VALVES IN THE SYSTEM AT END OF YEAR IS AN ESTIMATE ONLY.

PART I - PREPARER AND AUTHORIZED SIGNATURE

Darryl Hong,Gas Compliance Program Coordin
(Preparer's Name and Title)

(425) 462-3911
(Area Code and Telephone Number)

darryl.hong@pse.com
(Preparer's email address)

(425) 462-3770
(Area Code and Facsimile Number)

Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed $100,000 for each violation for each day the violation continues up to a maximum of $1,000,000 as provided in 49 USC 60122.

Form Approved
OMB No. 2137-0522
Expires: 01/31/2014

U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration	**ANNUAL REPORT FOR CALENDAR YEAR 2011 LIQUEFIED NATURAL GAS (LNG) FACILITIES**	**Report Submission Type** **INITIAL**

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 2137-0522. Public reporting for this collection of information is estimated to be approximately 12hours 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.

Important: Please read the separate instructions for completeing this form before you begin.

PART A - OPERATOR INFORMATION	DOT USE ONLY	**20120048 - 00056**

1. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (OPID)

22189

2. NAME OF COMPANY OR ESTABLISHMENT:

PUGET SOUND ENERGY

IF SUBSIDIARY, NAME OF PARENT:

Puget Energy

3. INDIVIDUAL WHERE ADDITIONAL INFORMATION MAY BE OBTAINED:

Name: **Darryl Hong**

Title: **Gas Compliance Program Coordinator**

Email Address: **darryl.hong@pse.com**

Telephone Number: **(425) 462-3911**

4. HEADQUARTERS ADDRESS:

PUGET SOUND ENERGY
Company Name

PO BOX 90868,
Street Address

State: **WA** Zip Code: **980090868**

(888) 225-5773
Telephone Number

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5. DOES THIS REPORT REPRESENT A CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION FOR PART B, OR INCLUDE LEAKS OR REPORTABLE INCIDENTS IN PART C OR SAFETY-RELATED CONDITIONS OR EVENTS IN PART D? *(Select all that apply. If there are changes to PART B, or if there are numbers to report in PARTS C or D, complete those sections. Also, if there are changes to PART B from the previous year's report, select the relevant checkbox(es) for the YES questions below.)*

☐ This report is FOR CALENDAR YEAR 2010 reporting or is a FIRST-TIME REPORT and, therefore, the remaining choices in this Question 5 do not apply. Complete all remaining PARTS of this form as applicable.

☐ NO, there are NO CHANGES from last year's final reported information for PART B. Do NOT complete PART B, but complete PARTS C and/or D when applicable.

☐ YES, this report represents a CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION for PART B due to corrected information; however, the assets and operations are the same as those which were covered under last year's report. Submit a Supplement for last year's report, and then complete PART B and, when applicable, PARTS C and/or D.

☑ YES, this report represents a **CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION** for one or more of PARTs B, D, E, H, I, J, K, or L ***due to corrected information;*** *however, the pipelines and/or pipeline facilities and operations are the same* as those which were covered under last year's report. Complete PARTs A, C, M, and N, along with only those other PARTs which changed (including PARTs B, F, G, and O when applicable)

☐ YES, this report represents a CHANGE FROM LAST YEAR'S FINAL REPORTED INFORMATION for PART B because of the following change(s) in assets and/or operations from those which were covered under last year's report. Complete PART B and, when applicable, PARTS C and/or D. (Select all reasons for these changes from the following list)

- ☐ Merger of companies and/or operations
- ☐ Acquisition of LNG facility
- ☐ Divestiture of LNG facility
- ☐ New construction or new installation of LNG facilities
- ☐ Modifications to existing LNG facilities
- ☐ Change in OPID

Other – Describe:

☐ NO, there are **NO LEAKS OR REPORTABLE INCIDENTS RESULTING IN A RELEASE** to report in PART C. Do NOT complete PART C, but complete PARTS B and/or D when applicable.

☐ NO, there are **NO SAFETY-RELATED CONDITIONS OR EVENTS** to report in PART D. Do NOT complete PART D, but complete PARTS B and/or C when applicable

Form Approved
OMB No. 2137-0522
Expires: 01/31/2014

PART B - FACILITY DESCRIPTION, TYPE, AND FUNCTION

Name, ID, and Status, should be EXACTLY THE SAME as NPMS fields LNG_NM, LNG_ID, and STATUS_CD. Location must match the location submitted to NPMS. The LNG Facility ID (LNG_ID in NPMS) is a unique ID for a specific facility and is assigned by the Operator.

Use the following key to complete the Descriptive table(s) below:

Status Codes

I	In Service
B	Abandoned
R	Retired

LNG Source

T	Truck
R	Railroad
M	Ship/Barge
L	Liquefaction

Type of LNG Plant / Facility

BL	Base Load
PS	Peak Shaving
SA	Satellite
MT	Mobile/Temporary
OT	Other à Describe

Function of LNG Plant / Facility

MI	Marine Terminal - Import
ME	Marine Terminal - Export
MB	Marine Terminal - Both
SL	Storage w/ Liquefaction
SN	Storage w/o Liquefaction
SB	Storage w/ Both
SU	Stranded Utility
VF	Vehicular Fuel
NR	Nitrogen Rejection Unit
OT	Other à Describe

Form Approved
OMB No. 2137-0522
Expires: 01/31/2014

LNG Plant / Facility	
Name of LNG Plant / Facility	**GIG HARBOR SATELLITE**
NPMS LNG ID	GIG HARBOR SATELLITE
State (For Mobile/Temporary facility, provide location where typically stored)	WA
Plant / Facility Status	I
Date Put In Service	12/03/2004
Process	
Liquefaction Rate (MMCF/D)	0
Number of Vaporizers	1
Total Capacity (MMCF/D)	16
LNG Source	T
Interstate or Intrastate	1
LNG Storage	
Number of LNG Tanks	2
Total Capacity (Bbls)	3047
Type of LNG Plant / Facility	PS
Function of LNG Plant / Facility	SN
Inspection UNIT ID (DOT INTERNAL USE ONLY)	

LNG Plant / Facility	
Name of LNG Plant / Facility	**LNG Mobile System**
NPMS LNG ID	
State (For Mobile/Temporary facility, provide location where typically stored)	WA
Plant / Facility Status	I
Date Put In Service	12/03/2001
Process	
Liquefaction Rate (MMCF/D)	0
Number of Vaporizers	1
Total Capacity (MMCF/D)	6
LNG Source	T
Interstate or Intrastate	1
LNG Storage	
Number of LNG Tanks	2
Total Capacity (Bbls)	476
Type of LNG Plant / Facility	PS
Function of LNG Plant / Facility	SN
Inspection UNIT ID (DOT INTERNAL USE ONLY)	

For each LNG Facility listed above (that is, for each column completed above), complete PARTs C and D.

LNG PLANT / FACILITY NAME	GIG HARBOR SATELLITE
Any leaks or reportable incidents?	Yes
Any other conditions or events?	Yes

LNG PLANT / FACILITY NAME	LNG Mobile System
Any leaks or reportable incidents?	No
Any other conditions or events?	No

IF PARTS C and/or D DO NOT PRINT BELOW FOR ANY FACILITY LISTED ABOVE, IT IS BECAUSE THE OPERATOR HAS REPORTED THAT THERE ARE NO LEAKS OR INCIDENTS OR OTHER CONDITIONS OR EVENTS TO REPORT FOR THAT FACILITY

PARTs C and D

The data reported in these PARTs C and D apply to

LNG PLANT / FACILITY NAME — **GIG HARBOR SATELLITE**

PART C – LEAKS AND REPORTABLE INCIDENTS IN PAST YEAR

Record the number of leaks and reportable incidents resulting in a release detected and repaired, by location and cause. *(NOTE: Careful review of the instructions is required.)*

Cause		*Incidents and Leaks*				
		Incidents	Leaks			Totals
			Plant Piping and Equipment	Storage Tank	Other Location	
External Corrosion		0	0	0	0	0
Internal Corrosion		0	0	0	0	0
Natural Force Damage		0	0	0	0	0
Excavation Damage		0	0	0	0	0
Other Outside Force Damage		0	0	0	0	0
In-plant Piping or Weld ONLY *(For these types of failures involving Equipment, see the Instructions)*	Construction-, Installation-, or Fabrication-related	0	0	0	0	0
	Original Manufacturing-related	0	0	0	0	0

	Low Temperature Embrittlement	0	0	0	0	0
Equipment Failure		0	9	0	0	9
Incorrect Operation		0	0	0	0	0
Other Causes		0	0	0	0	0
Totals		0	9	0	0	9

PARTs C and D

The data reported in these PARTs C and D apply to

LNG PLANT / FACILITY NAME	**LNG Mobile System**
PART C – LEAKS AND REPORTABLE INCIDENTS IN PAST YEAR	Record the number of leaks and reportable incidents resulting in a release detected and repaired, by location and cause. (*NOTE: Careful review of the instructions is required.*)

Cause		*Incidents and Leaks*				
		Incidents	Leaks			Totals
			Plant Piping and Equipment	Storage Tank	Other Location	
External Corrosion		0	0	0	0	0
Internal Corrosion		0	0	0	0	0
Natural Force Damage		0	0	0	0	0
Excavation Damage		0	0	0	0	0
Other Outside Force Damage		0	0	0	0	0
In-plant Piping or Weld ONLY (*For these types of failures involving Equipment, see the Instructions*)	Construction-, Installation-, or Fabrication-related	0	0	0	0	0
	Original Manufacturing-related	0	0	0	0	0
	Low Temperature Embrittlement	0	0	0	0	0
Equipment Failure		0	0	0	0	0
Incorrect Operation		0	0	0	0	0

Other Causes	0	0	0	0	0
Totals	**0**	**0**	**0**	**0**	

PART D – OTHER CONDITIONS AND EVENTS	Record the number of Safety-Related Conditions and Events.		
LNG PLANT / FACILITY NAME	**GIG HARBOR SATELLITE**		
TYPE	Number of Safety-Related Conditions Reported	Number of Events	Totals
Rollover	0	0	**0**
Security Breach	0	0	**0**
ESD Actuations not reported as Incidents			
- Activated by false signal	0	0	**0**
- Activated by maintenance or other non- emergency event	0	112	**112**
Insulation Degradation	0	0	**0**
Other Types	0	0	**0**
Totals	**0**	**112**	**112**

PART D – OTHER CONDITIONS AND EVENTS	Record the number of Safety-Related Conditions and Events.		
LNG PLANT / FACILITY NAME	**LNG Mobile System**		
TYPE	Number of Safety-Related Conditions Reported	Number of Events	Totals
Rollover	0	0	**0**
Security Breach	0	0	**0**
ESD Actuations not reported as Incidents			
- Activated by false signal	0	0	**0**
- Activated by maintenance or other non- emergency event	0	0	**0**
Insulation Degradation	0	0	**0**
Other Types	0	0	**0**
Totals	**0**	**0**	

Notice: This report is required by 49 CFR Part 191. Failure to report may result in a civil penalty not to exceed $100,000 for each violation for each day the violation continues up to a maximum of $1,000,000 as provided in 49 USC 60122.

Form Approved
OMB No. 2137-0522
Expires: 01/31/2014

PART E - PREPARER SIGNATURE

Chuck Dougherty
Preparer's Name(type or print)

Alternative Fuels Supervisor
Preparer's Title

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