

Operator Information Needed for IOCS Database

Date of Inspection: Start Date 12/01/2002 End Date 12/05/2002

Number of Inspection Days: 13 **Name of Inspector(s):** Scott Rukke, Kim West, Kjel Finvik
Activity Type: I01

Activity Types: I01 Unit Inspection, I02 Construction Inspection, I03 Failure Investigation, I04 Public Complaint Investigation, I05 Specialized Inspection (See Guidance Attached).

Operator ID: 3845 **Operator Name:** Williams Gas Pipeline West

Unit ID: 1155 **Unit Name:** Plymouth LNG Peak Shaving Plant

Unit Address: P.O. Box 550

City: Umatilla **State:** OR **Zip Code:** 97882

Line Segment(s) Inspected: N/A

Contact Name: Larry Olson

Contact Title: Compliance Officer

Contact Phone: (801) 584-6117 **Contact Fax:** (801) 584-6768

Comments: _____

Probable Violations: YES _____ NO X

If Probable Violations were found provide the following information regarding the compliance correspondence to be sent:

Name of Company Executive: _____

Executive Title: _____

Executive Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Executive Phone: _____ **Executive Fax:** _____