US Department of Transportation Pipeline and Hazardous Materials Safety Administration Office of Pipeline Safety

Hazardous Liquid IMP Field Verification Inspection 49 CFR Parts 195.450 and 195.452

General Notes:

- 1. This Field Verification Inspection is performed on field activities being performed by an Operator in support of their Integrity Management Program (IMP).
- 2. This is a two part inspection form:
 - i. A review of applicable Operations and Maintenance (O&M) and IMP processes and procedures applicable to the field activity being inspected to ensure the operator is implementing their O&M and IMP Manuals in a consistent manner.
 - ii. A Field Verification Inspection to determine that activities on the pipeline and facilities are being performed in accordance with written procedures or guidance.
- 3. Not all parts of this form may be applicable to a specific Field Verification Inspection, and only those applicable portions of this form need to be completed. The applicable portions are identified in the Table below by a check mark. Only those sections of the form marked immediately below need to be documented as either "Satisfactory"; "Unsatisfactory"; or Not Checked ("N/C"). Those sections not marked below may be left blank.

Operator Inspected: <u>ConocoPhillips Pipe Line Company</u>

Yellowstone Pipe Line Company

Op ID: <u>31684</u>

| Perform Activity | Activity | Activity Description | |
|-------------------|----------|--|--|
| (denoted by mark) | Number | | |
| | 1A | In-Line Inspection | |
| | 1B | Hydrostatic Pressure Testing | |
| | 1C | Other Assessment Technologies | |
| | 2A | Remedial Actions | |
| | 2B | Remediation – Implementation | |
| | 3A | Installed Leak Detection System Information | |
| | 3B | Installed Emergency Flow Restrictive Device | |
| | 4A | Field Inspection for Verification of HCA Locations | |
| | 4B | Field Inspection for Verification of Anomaly Digs | |
| X | 4C | Field Inspection to Verify adequacy of the Cathodic Protection | |
| | | System | |
| X | 4D | Field inspection for general system characteristics | |

Hazardous Liquid IMP Field Verification Inspection Form

Name of Operator:

ConocoPhillips Pipe Line Company

Yellowstone Pipe Line Company

Headquarters Address:

600 Dairy Ashford Road Houston, TX 77252-2197

Company Official:

Brian Coffman, Manager Pipeline

Phone Number:

281-293-2338

Fax Number:

N/A

Operator ID:

31684

| Persons Interviewed | Title | Phone No. | E-Mail |
|---------------------|------------------------------------|--------------|------------------------------------|
| Mike Donally | DOT Coordinator Primary Contact | 406-855-6913 | Mike.donally@con ocophillip.com |
| | | | |
| | | | |
| | | | |
| | | | - |

OPS/State Representative(s): Al Jones / UTC

Dates of Inspection: October 12-15, 2010

Inspector Signature: Al Jones

Pipeline Segment Descriptions: [note: Description of the Pipeline Segment Inspected. (Include the pipe size, wall thickness, grade, seam type, coating type, length, pressure, commodities, HCA locations, and Pipeline Segment boundaries.)]

The Spokane District consists of the following refined product pipelines:

- 14 miles of 10" from WA State line to Spokane Terminal,
- 4.99 miles of 10" from Spokane Terminal to North Spokane Junction,
- 0.4 miles of 8" from North Spokane Junction to North Spokane Terminal,
- 1.34 miles of 8" from North Spokane Terminal to Hillyard Manifold,
- 24 miles of 8" from Spokane Terminal to Fairchild, and
- 0.91 miles of 6" from Geiger Junction to Geiger Delivery Station (Inactive).

The Moses Lake District consists of:

- 87 miles of 6" from Fairchild to Moses Lake Terminal, and
- 1 mile of 6" from Moses Lake Terminal to Moses Lake Airport and Boeing Field (inactive).

The Spokane Terminal, North Spokane Junction, Hillyard Manifold, Geiger Delivery Station, and Moses Lake Terminal are

Site Location of field activities: [note: Describe the portion of the pipeline segment reviewed during the field verification, i.e. milepost/stations/valves/pipe-to-soil readings/river crossings/etc. In addition, a brief description and case number of the follow up items in any PHMSA compliance action or consent agreement that required field verification. Note: Complete pages 8 & 9 as appropriate.]

The pipeline right-of-way described above. Three pump stations and aboveground piping to

- Spokane Terminal with 300 horsepower pumps and 12 breakout tanks,
- North Spokane Terminal with 150 horsepower pumps and 9 breakout tanks,
- Fairchild with 150 horsepower and 2 breakout tanks (idled), and
- Geiger Delivery with no pumps and 2 breakout tanks (idled).

A new rectifier was installed at MP 638 since 2008 inspection. All CP readings were good values.

| Summa | ry: |
|-------|-----|
|-------|-----|

Activities related to IMP include:

During the inspection the pipeline was shut down for a redesign of the Spokane Terminal meter station. NDT results for the new weld were reviewed and found acceptable.

Since the 2008 inspection, Tanks #72 and #73 have completed an API 653 out-of-service inspection.

Since the 2008 inspection, a new rectifier was installed at MP 638. The CP reading in the area of MP 638 have improved and found acceptable.

| Find | ings: |
|------|-------|
|------|-------|

None

Key Documents Reviewed:

| Document Title | Document No. | Rev. No | Date |
|--|------------------|---------|------------|
| API 653 out-of-service inspection reports for Tanks T-72 and T-73. | | | 4/27/2010 |
| Radiographic Examination Report by Acuren | P.O. 451417-0131 | | 10/13/2010 |
| | | | |
| | | | |

Part 1 - Performance of Integrity Assessments

| 1A. In-Line Inspection (Protocol 3.04 & 3.05) | Catiafactan | Unsatisfactory | NIC | New |
|---|---------------|----------------|----------|--|
| Verify that Operator's O&M and IMP procedural | Satisfactory | Unsatisfactory | N/C | Notes: |
| requirements (e.g. launching/receiving tools) for | | 1 | X | |
| performance of ILI were followed. | | | Λ | |
| Verify Operator's ILI procedural requirements were followed | lowed (e.g. | operation of t | ran | |
| for launching and receiving of pig, operational control | of flow), as | appropriate. | тир | |
| | ····/, ···· | | | |
| Verify ILI tool systems and calibration checks before re | ın were peri | formed to ensu | ure | |
| tool was operating correctly prior to assessment being p | | | | |
| | | | | |
| Verify ILI complied with Operator's procedural require | | | fa | |
| successful assessment (e.g. speed of travel within limits | s, adequate t | ransducer | | |
| coverage), as appropriate. | N. C | <u> </u> | | |
| Document ILI Tool Vendor and Tool type (e.g. MFL, I | |). Document | | |
| other pertinent information about Vendor and Tool, as a Verify that Operator's personnel have access to applica | | | | |
| Other: | bie procedu | ies | | [Note: Add location specific information, |
| Other. | | | | as appropriate.] |
| | | | | |
| 1B. Hydrostatic Pressure Testing (Protocol 3.06) | Satisfactory | Unsatisfactory | N/C | Notes: |
| Verify that hydrostatic pressure tests complied with | | | X | |
| Part 195 Subpart E requirements. | <u> </u> | | | |
| Review documentation of Hydrostatic Pressure Test par | | | ify | |
| test was performed without leakage and in compliance requirements. | with Part 19 | 5 Subpart E | | |
| requirements. | | | | |
| Review test procedures and records and verify test acce | ntahility and | d validity | | |
| to the first procedures and records and verify took accept | puomity un | a vandity. | | |
| Review determination of the cause of hydrostatic test fa | ilures, as ap | propriate. | | |
| · | · • | · · | | |
| Document Hydrostatic Pressure Test Vendor and equip | ment used, a | as appropriate | | |
| Other: | | | | |
| | | | | |
| 10 Oth A 2200 | lo . · c . | | | <u> 18. julius 19. juliu</u> |
| 1C. Other Assessment Technologies (Protocol 3.07) | Satisfactory | Unsatisfactory | N/C | Notes: |
| Verify that application of "Other Assessment Technology" complied with Operator's requirements, | , | | | |
| that appropriate notifications had been submitted to | | | X | |
| OPS, and that appropriate data was collected. | | | | |
| Review documentation of notification to OPS of Operat | or's applica | tion of "Other | <u> </u> | |
| Assessment Technology", if available. Verify complian | | | . | |
| procedural requirements. If documentation of notificati | | | | |
| application of "Other Assessment Technology" is availa | able, verify | performance of | of | |
| assessment within parameters originally submitted to O | PS. | | | |
| 17.00 | | | | |
| Verify that appropriate tests are being performed and ap | propriate da | ata is being | | |
| collected, as appropriate. | | | | |
| Other. | | | | |
| Outel, | | | | |
| | | | | |

Part 2 - Remediation of Anomalies

| · · · · · · · · · · · · · · · · · · · | | | | · · · · · · · · · · · · · · · · · · · |
|--|---------------|---------------------------------------|-------|---|
| 2A. Remedial Actions – Process (Protocol 4.1) | Satisfactory | Unsatisfactory | N/C | Notes: |
| Verify that remedial actions complied with the | | | X | |
| Operator's procedural requirements. | | | | |
| Witness anomaly remediation and verify documentation | | | | |
| Exposed Pipe Reports, Maintenance Report, any Data A | cquisition 1 | Forms). Verif | ỳ · | |
| compliance with Operator's O&M Manual and Part 195 | | | | |
| | | | | |
| Verify that Operator's procedures were followed in loca | ating and ex | posing the | | |
| anomaly (e.g. any required pressure reductions, line loc | ation, identi | ifying | | |
| approximate location of anomaly for excavation, excava | ation, coatin | ig removal). | | |
| | | | | |
| Verify that procedures were followed in measuring the | anomaly, de | termining the | | |
| severity of the anomaly, and determining remaining stre | ength of the | pipe. | | |
| | | | | |
| Verify that Operator's personnel have access to applica | ble procedu | res. | | |
| | | | | |
| Other: | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| AP TO STATE OF THE | To-ri-c | 11 | NIC | |
| 2B. Remediation - Implementation (Protocol 4.02) | Satisfactory | Unsatisfactory | N/C | Notes: |
| Verify that the operator has adequately implemented | | | | |
| its remediation process and procedures to effectively | | | X | |
| remediate conditions identified through integrity | | | | |
| assessments or information analysis. | Ampleted in | nagordanas | ,ith | |
| If documentation is available, verify that repairs were c | | | /ILII | |
| the operator's prioritized schedule and within the time f | rames anov | vea m | | |
| §195.452(h). | | | | |
| Review any documentation for this inspection site for a | n immediate | e rengir condit | ion | |
| (§195.452(h)(4)(i) where operating pressure was reduce | | | 1011 | |
| shutdown. Verify for an immediate repair condition the | | | | |
| pressure was determined in accordance with the formul | | | | |
| ASME/ANSI B31.4 or, if not applicable, the operator s | | | ring | |
| basis justifying the amount of pressure reduction. | noutu provi | uc an engineer | mg | |
| basis justifying the amount of pressure reduction. | | | | |
| Verify that repairs were performed in accordance with | 8195 422 ar | nd the Operato | r's | |
| O&M Manual, as appropriate. | 3179.722 ai | ia ilie Operato | | |
| Switt trianaus, as appropriate. | | | | |
| Review CP readings at anomaly dig site, if possible. (S | See Part 4 of | f this form | | |
| "Field Inspection to Verify adequacy of the Cathodic P | | | | |
| appropriate. | | - · · · , | | |
| | | | | Cathodic Protection readings of pipe to |
| | | | | soil at dig site (if available): |
| | | | | On Potential: mV Off Potential: mV |
| Other: | | | | Off Potential:mV |
| | | | | |
| | | | | [Note: Add location specific information, |
| | | | | as appropriate.] |
| | | | | |

Part 3 - Preventive and Mitigative Actions

| 3A. Installed Leak Detection System Information (Protocol 6.05) | Satisfactory | Unsatisfactory | N/C | Notes: |
|---|--|--|--|--|
| Identify installed leak detection systems on pipelines and facilities that can affect an HCA. | | | X | |
| Document leak detection system components installed capabilities, as appropriate. | on system to | enhance | | |
| Document the frequency of monitoring of installed leak connection of installed components to leak detection mappropriate, | | | rify | |
| Other: | | | | [Note: Add location specific information, as appropriate.] |
| 3B. Installed Emergency Flow Restrictive Device (Protocol 6.06) | Satisfactory | Unsatisfactory | N/C | Notes: |
| Verify additional preventive and mitigative actions implemented by Operator. | | | | - |
| Document Emergency Flow Restrictive Device (EFRD system. |) componen | t(s) installed o | n | |
| Note that EFRD per §195.450 means a check valve or r follows: (1) Check valve means a valve that permits fluid to and contains a mechanism to automatically prevent flow (2) Remote control valve or RCV means any valve location remote from where the valve is installed. The l the supervisory control and data acquisition (SCADA) the pipeline control center and the RCV may be by fibe telephone lines, or satellite. | o flow freely w in the other that is operated to the control of th | in one direction direction. ated from a lly operated b linkage betweenowave, | y een | |
| Document the frequency of monitoring of installed EFF installed components to monitoring/operating system, a | of | | | |
| Verify operation of remote control valve by having ope to partially open or close the valve, as appropriate. | nd | | | |
| Comment on the perceived effectiveness of the EFRD in mitigating the consequences of a release on the HCA that it is designed to protect. | | | [Note: Add location specific information, as appropriate.] | |
| Other: | | | | |
| | ja | | | |

Part 4 - Field Investigations (Additional Activities as appropriate)

| 44 Field Impostion for Varification of HCA 1 time | Satisfactory | Unsatisfactory | N/C | Notes: | |
|--|---|--|-----|---|--|
| 4A. Field Inspection for Verification of HCA Locations Review HCAs locations as identified by the Operator. | Salistacioty | Unsatisfactory | - | Notes. | |
| Utilize NPMS, as appropriate. | X | | | | |
| Verify population derived HCAs in the field are as they and NPMS, as appropriate. Document newly constructe population and/or commercial areas that could be affected appropriate. Note that population derived HCAs are defined in §195. | 1 | | | | |
| Verify drinking water and ecological HCAs in the field a Operator's maps and NPMS, as appropriate. Document water sources and/or ecological resources areas (within affected by a pipeline release, as appropriate. Note that unusually sensitive areas (USAs) are defined in | newly estal last 2-3 yea | olished drinki | | | |
| Verify commercially navigable waterway HCAs in the f Operator's maps and NPMS, as appropriate. Document nature) that could affect the waterways status as a commutaterway, as appropriate. Note that commercially navigable waterway HCAs are commercially navigable waterway has a commercially navigable waterway has a commercia | ield are as t any activity percially na | y (commercial vigable | | [Note: Add location specific information, as appropriate.] | |
| 4B. Field Inspection for Verification of Anomaly Digs | Satisfactory | Unsatisfactory | N/C | Notes: | |
| Verify repair areas, ILI verification sites, etc. | | . , | X | | |
| Document the anomaly dig sites reviewed as part of this taken by the operator. | field activi | ty and actions | | [Note: Add location specific information, as appropriate.] | |
| 4C. Field Inspection to Verify adequacy of the Cathodic Protection System | Satisfactory | Unsatisfactory | N/C | Notes: | |
| In case of hydrostatic pressure testing, Cathodic Protection (CP) systems must be evaluated for general adequacy. | X | | | All CP reading was acceptable. See field data form for details. | |
| The operator should review the CP system performance hydrostatic pressure test to ensure the integrity assessmenthreats to the integrity of the pipeline. Has the operator performance in conjunction with the hydrostatic pressur Review records of CP readings from CIS and/or annual code requirements are being met, if available. | m | Cathodic Protection readings of pipe to soil at dig site (if available): | | | |
| Review results of random field CP readings performed during this activity to ensure minimum code requirements are being met, if possible. Perform random rectifier checks during this activity and ensure rectifiers are operating correctly, if possible. | | | | On Potential:mV Off Potential:mV [Note: Add location specific information, as appropriate.] | |
| 4D. Field inspection for general system characteristics | Satisfactory | Unsatisfactory | N/C | Notes: | |
| Through field inspection determine overall condition of | | <u> </u> | | | |
| pipeline and associated facilities for a general estimation of the effectiveness of the operator's IMP implementation. | X | | | Reviewed radiographic examination report for welds W-235 to W-243 at the Spokane Terminal meter station redesign. | |
| Evaluate condition of the ROW of inspection site to ens requirements are being met, as appropriate. | All welds were acceptable. | | | | |
| Comment on Operator's apparent commitment to the integrity and safe operation of their system, as appropriate. Other | | | | | |
| | | | | | |

Anomaly Evaluation Report (to be completed as appropriate)

| Operator (OpID and System Name): Unit ID (Pipeline Name) Pipe Manufacturer and Year: Seam Type and Orientation: Pipe Nominal OD (inch): Seam Orientation: Pipe Nominal Wall thickness (inch): Coating Type: MOP: ILI Reported Information II.I Technology (e.g., Vendor, Tools): Anomaly Type (e.g., Mechanical, Metal Loss): Is anomaly in a segment that can affect an IICA? (Yes / No) Date of Tool Run (MM/DD/YY): Date of Tool Run (MM/DD/YY): Type of "Condition" (e.g.; Immediate; 60-day; 180-day): Anomaly Feature (Int/Ext): Orientation: Anomaly Diatis: Length (in): Width (in): Depth (in): Anomaly Diatis: Length (in): Anomaly Diatis: Length (in): Anomaly Diatis: Length (in): Orientation: Anomaly Diatis: Length (in): Distance from Lysteam weld (ft): GPS Readings (if available) Longitude: Latitude: Anomaly Feature (Int/Ext): Orientation: Length of joint of pipe in which anomaly is found (ft): For Mechanical Damage Anomaly Damage Type (e.g., original construction, plain dent, gouge): Length (in): Width (in): Depth (in): Near a weld? (Yes / No): Gouge or metal loss associated with dent? (Yes / No): Did operator perform additional NDE to evaluate presence of cracks in dent? (Yes / No): Cracks associated with dent? (Yes / No): Midth (in): Max. Depth (in): Max. Depth (in): Other Information Describe anomaly (e.g., dent with metal loss, crack, seam defect, SCC): Length (in): Other Information a | Pineline Sys | tem and Line Pipe Information |
|--|----------------------------|---------------------------------------|
| Unit ID (Pipeline Name) Pipe Manufacturer and Year: Seam Type and Orientation: Pipe Nominal OD (inch): Seam Orientation: Pipe Nominal Wall thickness (inch): Coating Type: Grade of Pipe: MOP: MOP: | | tem and Eme ripe intornation |
| Pipe Manufacturer and Year: Pipe Nominal OD (inch): Seam Orientation: Pipe Nominal Wall thickness (inch): Grade of Pipe: ILI Reported Information ILI Technology (e.g., Vendor, Tools): Anomaly Type (e.g., Mechanical, Metal Loss): Is anomaly in a segment that can affect an HCA? (Yes / No) Date of Tool Run (MM/DD/YY): Date of "Discovery of Anomaly" (MM/DD/YY): Date of "Discovery of Anomaly" (MM/DD/YY): Type of "Condition" (e.g.; Immediate; 60-day; 180-day): Anomaly Feature (Int/Ext): Orientation: Anomaly Details: Length (in): Width (in): Distance from Upstream weld (ft): Anomaly Dig Site Information Summary Date of Anomaly Dig (MM/DD/YY): Distance from Upstream weld (ft): Anomaly Dig (MM/DD/YY): Distance from Upstream weld (ft): GPS Readings (if available) Longitude: Latitude: Anomaly Grature (Int/Ext): Orientation: Length of joint of pipe in which anomaly is found (ft): For Mechanical Damage Anomaly Damage Type (e.g., original construction, plain dent, gouge): Length (in): Width (in): Depth (in): Near a weld? (Yes / No): Gouge or metal loss associated with dent? (Yes / No): Did operator perform additional NDE to evaluate presence of cracks in dent? (Yes / No): Cracks associated with dent? (Yes / No): More of Anomaly Type (e.g., pitting, general): Length (in): Max. Depth (in): Max. Depth (in): Other Information, as appropriate: For "Other Types" of Anomalies Describe anomaly (e.g., dent with metal loss, crack, seam defect, SCC): Length (in): Max. Depth (in): Other Information, as appropriate: | | |
| Pipe Nominal OD (inch): Pipe Nominal Wall thickness (inch): Coating Type: MOP: ILI Reported Information II.I Technology (e.g., Vendor, Tools): Anomaly Type (e.g., Mechanical, Metal Loss): Is anomaly in a segment that can affect an HCA? (Yes / No) Date of Tool Run (MM/DD/YY): Date of Tool Run (MM/DD/YY): Date of "Discovery of Anomaly" (MM/DD/YY): Type of "Condition" (e.g.; Immediate; 60-day; 180-day): Anomaly Feature (Int/Ext): Orientation: Anomaly Log Distance (ft): Distance from Upstream weld (ft): Length of joint of pipe in which anomaly is identified (ft): Anomaly Dig Site Information Summary Date of Anomaly Dig (MM/DD/YY): Distance from A/G Reference (ft): Distance from Upstream weld (ft): Solvential Site of Anomaly Dig (MM/DD/YY): Length of joint of pipe in which anomaly is identified (ft): Anomaly Dig Site Information Summary Date of Anomaly Dig (MM/DD/YY): Location Information: Wile Post Number: Distance from A/G Reference (ft): Distance from Upstream weld (ft): GPS Readings (if available) Longitude: Latitude: Anomaly Feature (Int/Ext): Orientation: Length of joint of pipe in which anomaly is found (ft): For Mechanical Damage Anomaly Damage Type (e.g., original construction, plain dent, gouge): Length (in): Width (in): Depth (in): Near a weld? (Yes / No): Gouge or metal loss associated with dent? (Yes / No): Did operator perform additional NDE to evaluate presence of cracks in dent? (Yes / No): Cracks associated with dent? (Yes / No): Did operator perform additional NDE to evaluate presence of cracks in dent? (Yes / No): Cracks associated with dent? (Yes / No): Max. Depth (in): Other Information, as appropriate: For "Other Types" of Anomalies Describe anomaly (e.g., dent with metal loss, crack, seam defect, SCC): Length (in): Width (in): Max. Depth (in): | | Seam Type and Orientation: |
| Pipe Nominal Wall thickness (inch): Grad of Pipe: MOP: | | |
| Grade of Pipe: ILI Reported Information ILI Technology (e.g., Vendor, Tools): Anomaly Type (e.g., Mechanical, Metal Loss): Is anomaly in a segment that can affect an HCA? (Yes / No) Date of Tool Run (MM/DD/YY): Date of "Discovery of Anomaly" (MM/DD/YY): Type of "Condition" (e.g.; Immediate; 60-day; 180-day): Anomaly Feature (Int/Ext): Orientation: Anomaly Details: Length (in): Width (in): Depth (in): Anomaly Distance (ft): Distance from Upstream weld (ft): Length of joint of pipe in which anomaly is identified (ft): Anomaly Distance from Upstream weld (ft): Length of Joint of MM/DD/YY): Location Information: Mile Post Number: Distance from A/G Reference (ft): Distance from Upstream weld (ft): GPS Readings (if available) Longitude: Latitude: Anomaly Feature (Int/Ext): Orientation: Length of joint of pipe in which anomaly is found (ft): For Mechanical Damage Anomaly Damage Type (e.g., original construction, plain dent, gouge): Length (in): Width (in): Depth (in): Near a weld? (Yes / No): Gouge or metal loss associated with dent? (Yes / No): Orientation: For Corrosion Metal Loss Anomaly Anomaly Type (e.g., pitting, general): Length (in): Width (in): Max. Depth (in): Remaining minimum wall thickness (in): Maximum % Wall Loss measurement(%): Safe pressure calculation (psi), as appropriate: For "Other Types" of Anomalies Describe anomaly (e.g., dent with metal loss, crack, seam defect, SCC): Length (in): Width (in): Max. Depth (in): | | |
| ILI Reported Information ILI Technology (e.g., Vendor, Tools): Anomaly Type (e.g., Mechanical, Metal Loss): Is anomaly in a segment that can affect an HCA? (Yes / No) Date of Tool Run (MM/DD/YY): Date of "Discovery of Anomaly" (MM/DD/YY): Date of "Condition" (e.g.; Immediate; 60-day; 180-day): Anomaly Feature (Int/Ext): Orientation: Anomaly Details: Length (in): Width (in): Depth (in): Anomaly Details: Length (in): Width (in): Depth (in): Anomaly Distance (ft): Distance from Upstream weld (ft): Length of joint of pipe in which anomaly is identified (ft): Anomaly Dig (MM/DD/YY): Location Information: Mile Post Number: Distance from A/G Reference (ft): Distance from Upstream weld (ft): GPS Readings (if available) Longitude: Anomaly Feature (Int/Ext): Orientation: Length of joint of pipe in which anomaly is found (ft): For Mechanical Damage Anomaly Damage Type (e.g., original construction, plain dent, gouge): Length (in): Width (in): Depth (in): Near a weld? (Yes / No): Gouge or metal loss associated with dent? (Yes / No): Oracks associated with dent? (Yes / No): For Corrosion Metal Loss Anomaly Anomaly Type (e.g., pitting, general): Length (in): Max. Depth (in): Remaining minimum wall thickness (in): Maximum % Wall Loss measurement(%): Safe pressure calculation (psi), as appropriate: For "Other Types" of Anomalies Describe anomaly (e.g., dent with metal loss, crack, seam defect, SCC): Length (in): Width (in): Max. Depth (in): Other Information, as appropriate: | | |
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| | | (m). |
| | | duate presence of cracks? (Yes / No): |
| Cracks present? (Yes / No): | | |

Anomaly Repair Report (to be completed as appropriate)

| Re | pair Information | |
|---|----------------------------|--|
| Was a repair of the anomaly made? (Yes / No) | • | |
| Was defect ground out to eliminate need for re | pair? (Yes / No): | |
| If grinding used, complete the following for af | fected area: | |
|) | idth (in): | Depth (in): |
| If NO repair of an anomaly for which RSTREN | NG is applicable, were the | Operator's RSTRENG calculations |
| reviewed? (Yes / No): | | |
| If Repair made, complete the following: | | |
| Repair Type (e.g., Type B-sleeve, composite w | vrap) | |
| Length of Repair: | | |
| Comments on Repair material, as appropriate (| (e.g., grade of steel): | |
| Pipe re-coating material used following excava- | ation: | |
| General Ob | servations and Comn | ients |
| Was a diagram (e.g., corrosion map) of the and | omaly made? (Yes / No): | (Include in report if available) |
| Were pipe-to-soil cathodic protection readings | taken? (Yes / No): | |
| If readings taken, Record: On Potential: | mV; Off l | Potential: mV |
| Describe method used to Operator to locate and | omaly (as appropriate): | |
| Comments regarding procedures followed duri | ng excavation, repair of a | nomaly, and backfill (as appropriate): |
| | | |
| General Observations and Comments (Note: at | ttach photographs, sketche | es, etc., as appropriate): |
| | | |