NOTICE: This report is required by 49 CFR Part 195. 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: 2137-0047 EXPIRATION DATE: 8/31/2020
	Original Report Date:	09/24/2020
U.S Department of Transportation	No.	20200262 - 34728
Pipeline and Hazardous Materials Safety Administration		(DOT Use Only)

ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE 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 2137-0047. All responses to the collection of information are mandatory. Send comments regarding this burden or any other aspect of this collection of information, including suggestions for reducing the 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

Dan and Times (applied all that applied	Original:	Supplemental:	Final:
Report Type: (select all that apply)		Yes	Yes
Last Revision Date:	01/15/2021		
Operator's OPS-issued Operator Identification Number (OPID):	32502		
2. Name of Operator	ENBRIDGE PIPELINES (SOUTHERN LIGHT		S) L.L.C.
3. Address of Operator:		•	•
3a. Street Address	5400 WESTHEIME	R COURT	
3b. City	HOUSTON		
3c. State	Texas		
3d. Zip Code	77056		
4. Local time (24-hr clock) and date of the Accident:	05/04/2019 13:30		
5. Location of Accident:			
Latitude / Longitude	42.910479, -88.874	4779	
6. National Response Center Report Number (if applicable):	1285561		
7. Local time (24-hr clock) and date of initial telephonic report to the National Response Center (if applicable):	08/25/2020 13:46		
8. Commodity released: (select only one, based on predominant		roleum Product (non-HVL)	which is a
volume released)	Liquid at Ambient (Conditions	
- Specify Commodity Subtype:	Other		
- If "Other" Subtype, Describe:	Diluent		
 If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend: 			
If Biofuel/Alternative Fuel and Commodity Subtype is			
Biodiesel, then Biodiesel Blend e.g. B2, B20, B100			
9. Estimated volume of commodity released unintentionally (Barrels):			
10. Estimated volume of intentional and/or controlled release/blowdown (Barrels):			
11. Estimated volume of commodity recovered (Barrels):	29.00		
12. Were there fatalities?	No		
- If Yes, specify the number in each category:			
12a. Operator employees			
12b. Contractor employees working for the Operator			
12c. Non-Operator emergency responders			
12d. Workers working on the right-of-way, but NOT			
associated with this Operator			
12e. General public			
12f. Total fatalities (sum of above)			
13. Were there injuries requiring inpatient hospitalization?	No		
- If Yes, specify the number in each category:	T		
13a. Operator employees			
13b. Contractor employees working for the Operator			
13c. Non-Operator emergency responders			
13d. Workers working on the right-of-way, but NOT			
associated with this Operator			
13e. General public			
13f. Total injuries (sum of above)	<u> </u>		

14. Was the pipeline/facility shut down due to the Accident?	Yes
- If No, Explain:	100
- If Yes, complete Questions 14a and 14b: (use local time, 24-hr clock)	
14a. Local time and date of shutdown:	05/17/2019 11:45
14b. Local time pipeline/facility restarted:	05/17/2019 14:25
- Still shut down? (* Supplemental Report Required)	
15. Did the commodity ignite?	No
16. Did the commodity explode?	No
17. Number of general public evacuated:	0
18. Time sequence (use local time, 24-hour clock):	
18a. Local time Operator identified Accident - effective 7- 2014	05/17/2019 11:45
changed to "Local time Operator identified failure":	05/17/2019 11.45
18b. Local time Operator resources arrived on site:	05/04/2019 13:30
PART B - ADDITIONAL LOCATION INFORMATION	
Was the origin of the Accident onshore?	Yes
If Yes, Complete Quest	tions (2-12)
If No, Complete Question	ons (13-15)
- If Onshore:	
2. State:	Wisconsin
3. Zip Code:	53538
4. City	Fort Atkinson
5. County or Parish	Jefferson
6. Operator-designated location:	Milepost/Valve Station
Specify:	313.96
7. Pipeline/Facility name:	Line 13
8. Segment name/ID:	Blackhawk Island Rd MP 313.96
Was Accident on Federal land, other than the Outer Continental Shelf (OCS)?	No
10. Location of Accident:	Pipeline Right-of-way
11. Area of Accident (as found):	Underground
Specify:	Under soil
- If Other, Describe:	400
Depth-of-Cover (in):	180
12. Did Accident 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 Accident:	
- Select:	
- If Offshore:	
13. Approximate water depth (ft) at the point of the Accident:	
14. Origin of Accident: - In State waters - Specify:	
- In State waters - Specify: - State:	
- State.	
- Block/Tract #:	
- Nearest County/Parish:	
- On the Outer Continental Shelf (OCS) - Specify:	1
- Area:	
- Block #:	
15. Area of Accident:	
PART C - ADDITIONAL FACILITY INFORMATION	
Is the pipeline or facility:	Interstate
Part of system involved in Accident:	Onshore Pipeline, Including Valve Sites
- If Onshore Breakout Tank or Storage Vessel, Including Attached	, , , , , , , , , , , , , , , , , , ,
Appurtenances, specify:	
3. Item involved in Accident:	Auxiliary Piping (e.g. drain lines)
- If Pipe, specify:	, , , , , , , , , , , , , , , , , , , ,
3a. Nominal diameter of pipe (in):	
3b. Wall thickness (in):	

3d. Pipe specification: 3e. Pipe Seam, specify: 3f. Pipe manufacture: 3g. Year of manufacture: 3g. Year of manufacture: 3h. Pipelipe coating type at point of Accident, specify: - If Other, Describe: - If Weld, including heat-affected zone, specify; Pipe Grith Weld, Sa through 3h above are required: - If Weld, including heat-affected zone, specify; Pipe Grith Weld, Sa through 3h above are required: - If Valve, specify: - If Walve, specify: - If Walve, specify: - If Other, Describe: - If Material other than Carbon Steel, specify: - If Indicated throwload: - If Mechanical Puncture - Specify Approx. size: - If Other, Describe: - Approx. size: in, (widest opening) by in. (circumferential) by in. (circumfe	3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	
3e. Pipo Seam, specify: 3f. Pipe manufacturer: 3g. Year of manufacture: 3g. Year of manufacture: 1f Weld, Including heat-affected zone, specify. 1f Usher, Describe: 1f Usher, Describe: 1f Usher, Describe: 1f Usher, Describe: 1f Other, Describe: 2f Other, Describe: 1f Other, Describe: 1f Other, Describe: 1f Other, Describe: 1f Other, Describe: 2f Other, Describe: 1f Other, Describe: 1f Other, Describe: 2f Other, Describe: 1f Other, Describe: 2f Other, Des		
3f. Pipe manufacturer: 3g. Year of manufacturer: 3h. Pipeline coating by pet a point of Accident, specify: - If Weld, including heat-affected zone, specify: - If Other, Describe: - If Mainline, specify: - If Other, Describe: - If Material other than Carbon Steel, specify: - If Cher, Describe: - If Cher, Describe: - If Cher, Describe: - If Other, Describe: - If Other Describ		
39, Year of manufacture: 30. Pipeline coating type at point of Accident, specify: 30. If Other, Describe: 31. Manufactured by: 32. Have a manufacture by: 33. Have a manufacture by: 34. Have specify: 41. Mainline, specify: 41. Flother, Describe: 41. Tother, describe: 41. Tother, describe: 41. Flother, describe: 42. Flother, describe: 43. Matural involved in Accident was installed: 45. Material involved in Accident was installed: 46. Type of Accident Involved: 46. Type of Accident Involved: 47. Flother, Describe: 48. Flother, Describe: 49. Flother		
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3 athrough 3h above are required: - if Valve, specify: - if Mahinine, specify: - if Mahinine, specify: - if Other, Describe: 3, Manufactured by: 3, Year of manufacture: - if Other, Describe: - if Material other than Carbon Steel, specify: - if Material other than Carbon Steel, specify: - if Machanical Puncture - Specify Approx. size: - if Machanical Puncture - Specify Approx. size: - if Machanical Puncture - Specify Approx. size: - if Other, Describe: - if O		
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- If Valve, specify: - If Mainine, specify: - If Other, Describe: 3, Manufactured by: 3, Year of manufacture: - If Tankvissesi, specify: - If Other - Describe: - If Other, describe: - If Other, describe: - If Material other than Carbon Steel, specify: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Mechanical Puncture - Specify Approx. size: - If Number - Select Type: - If Other, Describe: - If Rupture - Select Orientation: - If Other, Describe: - Approx. size: in, (wideal opening) by in, (eigength circumferentially or axially) - If Other - Describe: - Approx. size: in, (wideal opening) by in, (eigength circumferentially or axially) - If Other - Describe: - PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: - If If Yes, specify all that apply: - If If Yes, specify all that apply: - If If Yes, specify all that apply: - If Yes, specify all that apply: - If Yes, specify all that apply: - Groundwater - Fulling water. (Select one or both) - Private Well - Commercially Navigoemen Program', Yes		
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3. Year of manufacture: - If Tank/Vessel, specify: - If Other, describe: - 4. Year item involved in Accident was installed: - 5. Material involved in Accident: - If Material other than Carbon Steel, specify: - 1. Type of Accident involved: - 1. The Material other than Carbon Steel, specify: - 1. The Material other than Carbon Steel, specify: - 1. The Material other than Carbon Steel, specify: - 1. The Material other than Carbon Steel, specify: - 1. The Material other than Carbon Steel, specify: - 1. The Material other than Carbon Steel, specify: - 1. The Material other than Carbon Steel, specify: - 1. The Material other than Carbon Steel, specify: - 1. The Material other than Carbon Steel, specify: - 1. The Carbon Steel St	· · · · · · · · · · · · · · · · · · ·	
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- If Other, describe: 1. Meartail involved in Accident was installed: 2. Meartail involved in Accident: - If Material other than Carbon Steel, specify: 6. Type of Accident Involved: - If Mechanical Puncture - Specify Approx. size: In. (axial) by in. (circumferential) - If Leak - Select Type: - If Other, Describe: - If Rupture - Select Orientation: - If Other, Describe: - If Other, Describe: - Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other - Describe: - Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other - Describe: - PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: - Fish/aquatic - Fish/aquatic - Fish/aquatic - Fish/aquatic - Fish/aquatic - Fish/aquatic - Forestrial 2. Soil contamination: - Yes - Surface valent emediation: - Vegetation - Vegetation - Vegetation - Vegetation - Vegetation - Vilidife 5. Water contamination: - Firvas Verel - Groundwater - Groundwater - Firvas Verel - Diniking water: (Select one or both) - Public Water Intake 5b. Estimated amount released in or reaching water (Garrels): - Surface - Groundwater - Diniking water: (Select one or more High Consequence Area (HCA)? - The Application of the Accidentia tail in the Operator's determination for this Accidents its in the Operator's determination for the Accidents its in the Operator's determination for this Accidents its in the Operator's determination for the Accide	- If Tank/Vessel, specify:	
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- If Material other than Carbon Steel, specify: 6. Type of Accident Involved: - If Mechanical Puncture – Specify Approx. size: - If Mechanical Puncture – Specify Approx. size: - In. (axial) by in. (circumferential) - If Leak - Select Type: - If Other, Describe: - If Rupture - Select Orientation: - If Other, Describe: - Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other – Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: - If If Yes, specify all that apply: - If Sirlaquatic - Birds - Firerstrial 2. Soil contamination: - Yes - Surface water - Groundwater - Groundwater - Vegetation - Wildlife - Wildlife - Water contamination: - Ves - Soil - Vegetation - Wildlife - Dinniking water: (Select one or both) - Private Well - Public Water Intake - Dinniking water: (Select one or both) - Private Well - Dinniking water: (Select one or both) - Private Well - Dinniking water: (Select one or both) - Private Well - Dinniking water: (Select one or more High Consequence Area (HCAI)? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCAI)? 7. If Yes, specify HCA lype(s): (Select all that apply): - Comercially Navigable Waterway: - Was this HCA identified in the "could affect" determination for this Accident site in the Operator's determination for this Accident site in the Operator's determined the Operator's determination for this Accident site in the Operator's determination for this Acci		
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in. (aixal) by in. (circumferential) - If Leak - Select Type: - If Other, Describe: - If Rupture - Select Orientation: - Approx. size: in. (widest opening) by in. (length circumferentially or axially) - If Other - Describe: PART D - ADDITIONAL CONSEQUENCE INFORMATION 1. Wildlife impact: - Is in Yes, specify all that apply: - Fishyaquatic - Birds - Terrestrial - Terrestrial - Terrestrial - Terrestrial - Sulface water - Surface water - Surface water - Groundwater - Soil - Vegetation - Wildlife - Wildlife - Surface - Groundwater - Coean/Seawater - Drinking water: (Select one or both) - Private Well - Public Water Intake - St. Name of body of water, if commonly known: - St. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" be determination in the Operator's late apply: - Consequence Area (HCA); - Commercially Navagable Waterway: - Was this HCA identified in the "could affect" a lift at apply) - Consequence Area (HCA); - Consequence Area (HCA); - Commercially Navagable waterway: - Was this HCA identified in the "could affect" a lift at apply) - Commercially Navagable waterway: - Was this HCA identified in the "could affect" a lift at apply) - Commercially Navagable waterway: - Was this HCA identified in the "could affect" a lift at apply)		Leak
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- Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): - Sc. Name of body of water, if commonly known: - At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway: Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply:	Yes Yes Yes Yes
- Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway: Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater	Yes Yes Yes Yes
- Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway: Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface	Yes Yes Yes Yes Yes Yes
- Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway: Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater	Yes Yes Yes Yes Yes Yes
5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway: Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both)	Yes Yes Yes Yes Yes Yes
5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway: Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well	Yes Yes Yes Yes Yes Yes
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Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway: Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area	Yes Yes Yes Yes Yes Yes Yes Ado Groundwater
7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway: Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?	Yes Yes Yes Yes Yes Yes Yes Ado Groundwater
- Commercially Navigable Waterway: Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Purivate Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High	Yes Yes Yes Yes Yes Yes Yes A0 Groundwater Yes
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	Yes Yes Yes Yes Yes Yes Yes A0 Groundwater Yes
determination for this Accident site in the Operator's	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Purivate Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply)	Yes Yes Yes Yes Yes Yes Yes A0 Groundwater Yes
	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Surface - Groundwater - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway:	Yes Yes Yes Yes Yes Yes Yes A0 Groundwater Yes
	1. Wildlife impact: 1a. If Yes, specify all that apply: - Fish/aquatic - Birds - Terrestrial 2. Soil contamination: 3. Long term impact assessment performed or planned: 4. Anticipated remediation: 4a. If Yes, specify all that apply: - Surface water - Groundwater - Soil - Vegetation - Wildlife 5. Water contamination: 5a. If Yes, specify all that apply: - Ocean/Seawater - Surface - Groundwater - Drinking water: (Select one or both) - Private Well - Public Water Intake 5b. Estimated amount released in or reaching water (Barrels): 5c. Name of body of water, if commonly known: 6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program? 7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)? 7a. If Yes, specify HCA type(s): (Select all that apply) - Commercially Navigable Waterway: Was this HCA identified in the "could affect" determination for this Accident site in the Operator's	Yes Yes Yes Yes Yes Yes Yes A0 Groundwater Yes

- High Population Area:	
Was this HCA identified in the "could affect"	
determination for this Accident site in the Operator's	
Integrity Management Program?	
- Other Populated Area	Yes
Was this HCA identified in the "could affect" determination	
for this Accident site in the Operator's Integrity	Yes
Management Program?	
- Unusually Sensitive Area (USA) - Drinking Water	
Was this HCA identified in the "could affect" determination	
for this Accident site in the Operator's Integrity	
Management Program? - Unusually Sensitive Area (USA) - Ecological	
Was this HCA identified in the "could affect" determination	
for this Accident site in the Operator's Integrity Management Program?	
	N Dranarty Damage":
8. Estimated cost to Operator – effective 12-2012, changed to "Estimated	roperty Damage .
8a. Estimated cost of public and non-Operator private property	A 00 000
damage paid/reimbursed by the Operator – effective 12-2012,	\$ 28,900
"paid/reimbursed by the Operator" removed	
8b. Estimated cost of commodity lost	\$ 1,596
8c. Estimated cost of Operator's property damage & repairs	\$ 24,170
8d. Estimated cost of Operator's emergency response	\$ 216
8e. Estimated cost of Operator's environmental remediation	\$ 166,376
8f. Estimated other costs	\$ 0
Describe:	
8g. Estimated total costs (sum of above) – effective 12-2012,	\$ 221,258
changed to "Total estimated property damage (sum of above)"	Ψ 221,200
PART E - ADDITIONAL OPERATING INFORMATION	
Estimated pressure at the point and time of the Accident (psig):	416.00
2. Maximum Operating Pressure (MOP) at the point and time of the	1,260.00
Accident (psig):	1,2000
Describe the pressure on the system or facility relating to the	Pressure did not exceed MOP
Accident (psig):	
4. Not including pressure reductions required by PHMSA regulations	
(such as for repairs and pipe movement), was the system or facility	N.
relating to the Accident operating under an established pressure	No
restriction with pressure limits below those normally allowed by the	
MOP?	
- If Yes, Complete 4.a and 4.b below:	T
4a. Did the pressure exceed this established pressure restriction?	
4b. Was this pressure restriction mandated by PHMSA or the	
State?	
5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question	Yes
2?	res
	Complete F.a. F.a halaw\"
- If Yes - (Complete 5a. – 5f below) effective 12-2012, changed to "(Complete 5.a – 5.e below) T
5a. Type of upstream valve used to initially isolate release	Remotely Controlled
source:	,
5b. Type of downstream valve used to initially isolate release	Remotely Controlled
Source:	440,000
5c. Length of segment isolated between valves (ft):	142,032
5d. Is the pipeline configured to accommodate internal	Yes
inspection tools?	(soloot all that apply)
- If No, Which physical features limit tool accommodation?	(οσισωι αιι ιπαι αμριγ)
- Changes in line pipe diameter	
- Presence of unsuitable mainline valves	
- Tight or mitered pipe bends	
Oth	
- Other passage restrictions (i.e. unbarred tee's,	
projecting instrumentation, etc.)	
projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic	
projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)	
projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) - Other -	
projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) - Other - - If Other, Describe:	
projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) - Other - - If Other, Describe: 5e. For this pipeline, are there operational factors which	No
projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) - Other - - If Other, Describe: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool	No
projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) - Other - - If Other, Describe: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool run?	
projecting instrumentation, etc.) - Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools) - Other - - If Other, Describe: 5e. For this pipeline, are there operational factors which significantly complicate the execution of an internal inspection tool	

	T
- Low operating pressure(s)	
 Low flow or absence of flow 	
- Incompatible commodity	
- Other -	
- If Other, Describe:	
5f. Function of pipeline system:	> 20% SMYS Regulated Trunkline/Transmission
6. Was a Supervisory Control and Data Acquisition (SCADA)-based	20 /0 SWTS Regulated Trutkline/ transmission
	Yes
system in place on the pipeline or facility involved in the Accident?	
If Yes -	
6a. Was it operating at the time of the Accident?	Yes
6b. Was it fully functional at the time of the Accident?	Yes
6c. Did SCADA-based information (such as alarm(s),	
alert(s), event(s), and/or volume calculations) assist with	No
the detection of the Accident?	
6d. Did SCADA-based information (such as alarm(s),	
alert(s), event(s), and/or volume calculations) assist with	No
	INO
the confirmation of the Accident?	
7. Was a CPM leak detection system in place on the pipeline or facility	Yes
involved in the Accident?	
- If Yes:	
7a. Was it operating at the time of the Accident?	Yes
7b. Was it fully functional at the time of the Accident?	Yes
7c. Did CPM leak detection system information (such as alarm	
(s), alert(s), event(s), and/or volume calculations) assist with	No
the detection of the Accident?	
7d. Did CPM leak detection system information (such as alarm	
	Na
(s), alert(s), event(s), and/or volume calculations) assist with	No
the confirmation of the Accident?	
How was the Accident initially identified for the Operator?	Local Operating Personnel, including contractors
- If Other, Specify:	
8a. If "Controller", "Local Operating Personnel", including	
contractors", "Air Patrol", or "Ground Patrol by Operator or its	Operator employee
contractor" is selected in Question 8, specify:	
	No, the Operator did not find that an investigation of the
9. Was an investigation initiated into whether or not the controller(s) or	controller(s) actions or control room issues was necessary
control room issues were the cause of or a contributing factor to the	due to: (provide an explanation for why the Operator did not
Accident?	investigate)
- If No, the Operator did not find that an investigation of the	investigate)
	Lack of Control Center involvement. Release was identified
controller(s) actions or control room issues was necessary due to:	by field personnel.
(provide an explanation for why the operator did not investigate)	
- If Yes, specify investigation result(s): (select all that apply)	T
 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 no controller issues Investigation identified incorrect controller action or	
Investigation identified no controller issues Investigation identified incorrect controller action or controller error	
Investigation identified no controller issues Investigation identified incorrect controller action or controller error Investigation identified that fatigue may have affected the	
Investigation identified no controller issues Investigation identified incorrect controller action or controller error	
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 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)	
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 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	
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 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	
- 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	
- 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 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:	
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- 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: PART F - DRUG & ALCOHOL TESTING INFORMATION 1. As a result of this Accident, were any Operator employees tested	No
- 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: PART F - DRUG & ALCOHOL TESTING INFORMATION 1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's	No
- 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: PART F - DRUG & ALCOHOL TESTING INFORMATION 1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- 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: PART F - DRUG & ALCOHOL TESTING INFORMATION 1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's	No
- 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: PART F - DRUG & ALCOHOL TESTING INFORMATION 1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- 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: PART F - DRUG & ALCOHOL TESTING INFORMATION 1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations? - If Yes:	No

	T
2. As a result of this Accident, were any Operator contractor employees	
tested under the post-accident drug and alcohol testing requirements of	No
DOT's Drug & Alcohol Testing regulations?	
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	
DART C. ARRADENT CALICE	
PART G – APPARENT CAUSE	
Select only one box from PART G in shaded column on left represen	ting the APPARENT Cause of the Accident, and answer
the questions on the right. Describe secondary, contributing or root	causes of the Accident in the harrative (PART H).
Apparent Cause:	G6 - Equipment Failure
Apparent Gause.	Go - Equipment Failure
G1 - Corrosion Failure - only one sub-cause can be picked from shad	ded left-hand column
,	
Compaign Failure Cub Course	
Corrosion Failure – Sub-Cause:	
- If External Corrosion:	
Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: (select all that apply)	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other:	
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following	n: (select all that apply)
- Field examination	g. (concot all trial appriy)
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
Was the failed item buried under the ground?	
- If Yes :	
□4a. Was failed item considered to be under cathodic	
protection at the time of the Accident?	
If Yes - Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at	
the point of the Accident?	
4c. Has one or more Cathodic Protection Survey been	
,	
conducted at the point of the Accident?	
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:	
- 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:	
Results of visual examination:	
- Other:	
7. Type of corrosion (select all that apply): -	
- 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 follow	ring (select all that apply): -
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
9. Location of corrosion (select all that apply): -	
- Low point in pipe	
- Elbow	
- Other:	
- If Other, Describe:	
- ii Otilei, Describe.	

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?	
Complete the following if any Corrosion Failure sub-cause is selected AND	the "Item Involved in Accident" (from PART C,
Question 3) is Tank/Vessel.	· · · · · · · · · · · · · · · · · · ·
14. List the year of the most recent inspections:	
14a. API Std 653 Out-of-Service Inspection	
- No Out-of-Service Inspection completed	
14b. API Std 653 In-Service Inspection	
- No In-Service Inspection completed	
·	(I III
Complete the following if any Corrosion Failure sub-cause is selected AND Question 3) is Pipe or Weld.	the "Item Involved in Accident" (from PART C,
15. Has one or more internal inspection tool collected data at the point of the	
Accident?	
15a. If Yes, for each tool used, select type of internal inspection tool and	indicate most recent year run: -
- Magnetic Flux Leakage Tool	
Most recent year:	
- Ultrasonic	
Most recent year:	
- Geometry	
Most recent year:	
- Caliper	
Most recent year:	
- Crack	
Most recent year:	
- Hard Spot	
Most recent year:	
- Combination Tool	
Most recent year:	
- Transverse Field/Triaxial	
·	
Most recent year:	
- Other	
Most recent year:	
Describe:	
16. Has one or more hydrotest or other pressure test been conducted since	
original construction at the point of the Accident?	
original construction at the point of the Accident? If Yes -	
original construction at the point of the Accident? If Yes - Most recent year tested:	
original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure:	
original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this segment?	
original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this segment? - If Yes, and an investigative dig was conducted at the point of the Accident::	
original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this segment? - If Yes, and an investigative dig was conducted at the point of the Accident:: Most recent year conducted:	
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original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this 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: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
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original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this 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: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select typ recent year the examination was conducted:	e of non-destructive examination and indicate most
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original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this 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: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select typ recent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic Most recent year conducted: - Handheld Ultrasonic Tool Most recent year conducted: - Wet Magnetic Particle Test Most recent year conducted: - Dry Magnetic Particle Test Most recent year conducted: - Other	e of non-destructive examination and indicate most
original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this 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: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select typ recent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic Most recent year conducted: - Handheld Ultrasonic Tool Most recent year conducted: - Wet Magnetic Particle Test Most recent year conducted: - Dry Magnetic Particle Test Most recent year conducted: - Other Most recent year conducted:	
original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this 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: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select typ recent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic Most recent year conducted: - Wet Magnetic Particle Test Most recent year conducted: - Dry Magnetic Particle Test Most recent year conducted: - Other Most recent year conducted: - Other Most recent year conducted: - Dry Magnetic Particle Test Most recent year conducted: - Other	
original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this 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: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select typ recent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic Most recent year conducted: - Handheld Ultrasonic Tool Most recent year conducted: - Wet Magnetic Particle Test Most recent year conducted: - Dry Magnetic Particle Test Most recent year conducted: - Other Most recent year conducted: - Other Most recent year conducted: - Describe: G2 - Natural Force Damage - only one sub-cause can be picked from shades.	
original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this 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: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select typerecent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic Most recent year conducted: - Wet Magnetic Particle Test Most recent year conducted: - Dry Magnetic Particle Test Most recent year conducted: - Other Most recent year conducted: - Other Most recent year conducted: Describe: G2 - Natural Force Damage - only one sub-cause can be picked from shall an analysis of the Accident in the point of the Accident: Test pressure: Test pressure: Most recent year conducted: Describe: G2 - Natural Force Damage - only one sub-cause can be picked from shall and the point of the Accident: Test pressure: Test pressure: Most recent year conducted: Describe:	
original construction at the point of the Accident? If Yes - Most recent year tested: Test pressure: 17. Has one or more Direct Assessment been conducted on this 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: 18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002? 18a. If Yes, for each examination conducted since January 1, 2002, select typ recent year the examination was conducted: - Radiography Most recent year conducted: - Guided Wave Ultrasonic Most recent year conducted: - Handheld Ultrasonic Tool Most recent year conducted: - Wet Magnetic Particle Test Most recent year conducted: - Other Most recent year conducted: - Other Most recent year conducted: - Dry Magnetic Particle Test Most recent year conducted: - Other Most recent year conducted: - Other Most recent year conducted: - Describe: G2 - Natural Force Damage - only one sub-cause can be picked from shall a conducted to the point of the Accident is segment? If Earth Movement, NOT due to Heavy Rains/Floods:	

2. Specify:	
- If Other, Describe:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Describe:	
- If Other Natural Force Damage:	T
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is sele	ected.
Were the natural forces causing the Accident generated in	
conjunction with an extreme weather event?	
6a. If Yes, specify: (select all that apply)	
- Hurricane	
- Tropical Storm - Tornado	
- Other	
- Other - If Other, Describe:	
G3 - Excavation Damage - only one sub-cause can be picked from s	haded left-hand column
Excavation Damage – Sub-Cause:	
- If Previous Damage due to Excavation Activity: Complete Questions	I s 1-5 ONLY IF the "Item Involved in Accident" (from PART
C, Question 3) is Pipe or Weld. 1. Has one or more internal inspection tool collected data at the point of	
the Accident?	
1a. If Yes, for each tool used, select type of internal inspection tool a	ind indicate most recent vear run: -
- Magnetic Flux Leakage	
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted:	
- Geometry	
Most recent year conducted:	
- Caliper	
Most recent year conducted: - Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
2. Do you have reason to believe that the internal inspection was	
completed BEFORE the damage was sustained?	
3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
Has one or more Direct Assessment been conducted on the pipeline	
segment?	
- If Yes, and an investigative dig was conducted at the point of the Acc	ident:
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	T
Most recent year conducted: 5. Has one or more non-destructive examination been conducted at the	
point of the Accident since January 1, 2002?	
5a. If Yes, for each examination, conducted since January 1, 2002,	select type of non-destructive examination and indicate most
recent year the examination was conducted: - Radiography	
- Radiography Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	

- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Complete the following if Excavation Damage by Third Party is selected	ed as the sub-cause
	d do the odd oddoc.
6. Did the operator get prior notification of the excavation activity?	
6a. If Yes, Notification received from: (select all that apply) -	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if any	Excavation Damage sub-cause is selected.
	•
7. Do you want PHMSA to upload the following information to CGA-	
DIRT (www.cga-dirt.com)?	
8. Right-of-Way where event occurred: (select all that apply) -	
- Public	
- If "Public", Specify:	
- Private	
- If "Private", Specify:	
- Pipeline Property/Easement - Power/Transmission Line	
- Power/Transmission Line - Railroad	
- Railroad - Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
9. Type of excavator:	
10. Type of excavation equipment:	
11. Type of work performed:	
12. Was the One-Call Center notified?	
12a. If Yes, specify ticket number:	
12b. If this is a State where more than a single One-Call Center	
exists, list the name of the One-Call Center notified:	
13. Type of Locator:	
14. Were facility locate marks visible in the area of excavation?	
15. Were facilities marked correctly?	
16. Did the damage cause an interruption in service?	
16a. If Yes, specify duration of the interruption (hours)	
17. Description of the CGA-DIRT Root Cause (select only the one predon	ninant first level CGA-DIRT Root Cause and then, where
available as a choice, the one predominant second level CGA-DIRT Root	
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 se	elected from the shaded left-hand column
Other Outside Force Damage – Sub-Cause:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NO	F Engaged in Everystics:
Vehicle/Equipment operated by:	Engaged in Excavation.
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipm	cont or Voscole Sot Adrift or Which Have Otherwise Lost
Their Mooring:	ient of vessels set Autilt of Willon Have Otherwise Lost
Select one or more of the following IF an extreme weather event was a	factor:
- Hurricane	Tuotor.
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Describe:	
- If Previous Mechanical Damage NOT Related to Excavation: Comple	ete Questions 3-7 ONLY IF the "Item Involved in
Accident" (from PART C, Question 3) is Pipe or Weld.	The state of the s
3. Has one or more internal inspection tool collected data at the point of	
the Accident?	
3a. If Yes, for each tool used, select type of internal inspection tool and in	dicate most recent year run:

- Magnetic Flux Leakage		
	Most recent year conducted:	
- Ultrasonic	Markananakaran andarah	
Consumer time.	Most recent year conducted:	
- Geometry	Most recent year conducted:	
- Caliper	Most recent year conducted.	
- Galipei	Most recent year conducted:	
- Crack	oct rocont your contantion	
	Most recent year conducted:	
- Hard Spot		
	Most recent year conducted:	
- Combination Tool		
	Most recent year conducted:	
- Transverse Field/Triaxial		
	Most recent year conducted:	
- Other		
	Most recent year conducted:	
4. De yeu heye recent to helieve th	Describe:	
 Do you have reason to believe th completed BEFORE the damage wa 		
Has one or more hydrotest or other		
since original construction at the poin		
- If Yes:		
	Most recent year tested:	
2, 1,	Test pressure (psig):	
6. Has one or more Direct Assessme segment?	ent been conducted on the pipeline	
	conducted at the point of the Accident	
- II 1 cs, and an investigative dig was	Most recent year conducted:	
- If Yes, but the point of the Acc	cident was not identified as a dig site:	I
•	Most recent year conducted:	
7. Has one or more non-destructive e point of the Accident since January 1.	, 2002?	
		elect type of non-destructive examination and indicate most
recent year the examination wa	is conducted:	I
- Radiography	Most recent year conducted:	
- Guided Wave Ultrasonic	Most recent year conducted.	
Calada Wave Chilasoffic	Most recent year conducted:	
- Handheld Ultrasonic Too		
	Most recent year conducted:	
- Wet Magnetic Particle Te	est	
	Most recent year conducted:	
- Dry Magnetic Particle Te		
Oth an	Most recent year conducted:	
- Other	Most recent year conducted:	
	Describe:	
- If Intentional Damage:	2 3333.	
8. Specify:		
	- If Other, Describe:	
- If Other Outside Force Damage:		
9. Describe:		
G5 - Material Failure of Pipe of	r Weld - only one sub-cause can be	e selected from the shaded left-hand column
Use this section to report material "Weld."	I failures ONLY IF the "Item Involve	d in Accident" (from PART C, Question 3) is "Pipe" or
Material Failure of Pipe or Weld -	Sub-Cause:	
· ·	pased on the following: (select all that	apply)
- Field Examination	looroot an that	-FF 11
- Determined by Metallurgical A	nalysis	
- Other Analysis		
	- If "Other Analysis", Describe:	
	spected; Still Under Investigation	
(Supplemental Report required		
- If Construction, Installation, or F		
2. List contributing factors: (select a	II that apply)	

- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Environmental Cracking-related:	
3. Specify:	
- If Other - Describe:	
- II Ottlet - Bescribe.	
Complete the following if any Material Failure of Pipe or Weld sub-cau	se is selected.
4. Additional factors: (select all that apply):	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other:	
- If Other, Describe:	
5. Has one or more internal inspection tool collected data at the point of	
the Accident?	
5a. If Yes, for each tool used, select type of internal inspection tool a	nd indicate most recent year run:
- Magnetic Flux Leakage	
Most recent year run:	
- Ultrasonic	
Most recent year run:	
- Geometry	
Most recent year run:	
- Caliper	
Most recent year run:	
- Crack	
Most recent year run:	
- Hard Spot	
Most recent year run:	
- Combination Tool	
Most recent year run:	
- Transverse Field/Triaxial	
Most recent year run:	
- Other	
Most recent year run:	
Describe:	
6. Has one or more hydrotest or other pressure test been conducted since	
original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
7. Has one or more Direct Assessment been conducted on the pipeline	
segment?	
- If Yes, and an investigative dig was conducted at the point of the Acci	dent -
Most recent year conducted:	9911
- If Yes, but the point of the Accident was not identified as a dig site -	
Most recent year conducted:	
Nost recent year conducted. Nost recent year conducted at the	
point of the Accident since January 1, 2002?	
8a. If Yes, for each examination conducted since January 1, 2002, se	elect type of non-destructive examination and indicate most
recent year the examination was conducted: -	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	

- Dry Magnetic Particle Test		
Most recent year conducted:		
- Other		
Most recent year conducted:		
Describe:		
G6 - Equipment Failure - only one sub-cause can be selected from the shaded left-hand column		
Equipment Failure – Sub-Cause:	Threaded Connection/Coupling Failure	
- If Malfunction of Control/Relief Equipment:		
Specify: (select all that apply) -		
- Control Valve		
- Instrumentation		
- SCADA		
- Communications		
- Block Valve		
- Check Valve		
- Relief Valve		
- Power Failure - Stopple/Control Fitting		
- Stoppie/Control Fitting - ESD System Failure		
- Other		
- If Other – Describe:		
- If Pump or Pump-related Equipment:		
2. Specify:		
- If Other – Describe:		
- If Threaded Connection/Coupling Failure:		
3. Specify:	Threaded Fitting	
- 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: (select all the	nat apply)	
- Excessive vibration		
- Overpressurization		
- No support or loss of support		
- Manufacturing defect		
- Loss of electricity		
- Improper installation		
- Mismatched items (different manufacturer for tubing and tubing		
fittings)		
- Dissimilar metals		
- Breakdown of soft goods due to compatibility issues with		
transported commodity		
- Valve vault or valve can contributed to the release		
- Alarm/status failure		
- Misalignment		
- Thermal stress		
- Other	Yes	
- If Other, Describe:	Normal wear and tear	
G7 - Incorrect Operation - only one sub-cause can be selected from the shaded left-hand column		
Incorrect Operation – Sub-Cause:		
- If Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow		
1. Specify:		
- If Other, Describe:		
- If Other Incorrect Operation		
2. Describe:		
Complete the following if any Incorrect Operation sub-cause is selected	d.	

3. Was this Accident related to (select all that apply): -		
- Inadequate procedure		
- No procedure established		
- Failure to follow procedure		
- Other:		
- If Other, Describe:		
4. What category type was the activity that caused the Accident?		
5. Was the task(s) that led to the Accident 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 Accident Cause - only one sub-cause can be selected from the shaded left-hand column		
Other Accident Cause – Sub-Cause:		
- If Miscellaneous:		
1. Describe:		
- If Unknown:		
2. Specify:		

PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT

On April 26, 2019, while completing a routine site visit, an odor was noticed at Enbridge's valve site, MP 313. Four gas meter readings were not detected and there was no visible product. A few days later, probing in the area was completed, vapors not being detected. On May 4, 2019 a consultant was hired to conduct hand auger soil borings to collect soil and vapor samples four feet below grade. Groundwater was not encountered but data indicated vapors that were likely from diluent, suggesting a Line 13 valve issue. On May 15, 2019 excavation began at the Line 13 valve, exposing the service piping 17 feet. On May 17, 2019 a loose elbow on the body bleed piping was identified as the source of the release. A temporary repair was made until a Line 13 outage could be scheduled. On June 2, 2019 the elbow was replaced and the vertical portion of the service piping reduced in length and rethreaded.

At the end of May 2019, a plan was developed to perform addition work based on lab reports confirming impacted soils that remained in the excavation. This plan was carried out in October/November 2019, at which time samples exceeded state criteria. Additional plans were developed to complete a soil boring near the SW sidewall to the water table to determine soil impacts and if groundwater was impacted. The plan was to execute the soil bore in March 2020 at which time the project, which was transitioned to the Remediation group, was put on hold due to the COVID pandemic. The soil bore took place in July 2020. The results confirmed impact to groundwater, and proper notifications to the Wisconsin DNR were made. Environment worked with their contractor to determine the next steps for remediation. On August 25, 2020, it was determined that the cost for additional remediation work would exceed the \$50K threshold and require an NRC Notification. The initial NRC Notification was completed on August 25, 2020 at 1:46 PM CDT (Report #1285661) and the 48-hour update was completed on August 27, 2020 at 11:46 AM CDT (Report #1285729).

Contractors have been hired to assist with the remediation of the site to define the extent of groundwater impacts. Twenty-six soil borings have been completed to an approximate depth of 30 feet below ground surface, groundwater generally encountered in the 20-25 feet depth range. Lab results from soil samples were non-detect. Groundwater samples have contaminants detected at multiple locations and benzene was detected within 200 feet of the valve site. There has been no verification of private well contamination. Eight monitoring wells were installed across the site to perform quarterly groundwater monitoring. The remediation work is being completed under the guidance of the WDNR Remediation and Redevelopment Program. Approximately 130.18 tons of contaminated soil and slurry have been disposed of at an approved landfill site.

Contractors completed the full site investigation during the third quarter 2020. The investigation included a newly acquired data set of 29 soil samples and 36 groundwater samples. Based on the new samples/testing, a new volume calculation of 29 barrels of product out has been determined.

Further groundwater monitoring is planned to determine trends in groundwater concentrations over time and to assess the potential need for further remedial action. Analytical results indicate the site investigation did not encounter soil impacts outside the fenced area of the Valve Site and are largely constrained to a relatively small area beneath the release source. Enbridge is working with the WDNR and will be submitting a Site Investigation Report (SIR) to them in Q1 2021. A Remedial Actions Options Report (ROAR) and a Response Action Plan (RAP) will be prepared and submitted to WDNR by the end of Q3 2021.

PART I - PREPARER AND AUTHORIZED SI	GNATURE
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