**New Jersey Department of Environmental Protection**

**Bureau of Release Prevention**

**P. O. Box 420, Mail Code 22-03D**

**401 East State Street**

**Trenton, NJ 08625-0420**

**“Discharges of Petroleum and Other Hazardous Substances”**

**N.J.A.C. 7:1E-3**

**TRANSMISSION PIPELINE REGISTRATION FORM**

###### SECTION A – GENERAL INFORMATION

**1. Pipeline owner or operator information**

|  |
| --- |
| **Business Name:**  |
| Mailing Address:  |
| **City:**  | **State:**  | **Zip:**  |
| **Phone Number:**  |

|  |  |
| --- | --- |
| **Contact Name:**  | **Title:**  |
| **Mailing Address:**  |
| **City:**  | **State:**  | **Zip:**  |
| **Office Phone Number:**  | **Mobile Phone Number:**  |
| **Email:** |

|  |
| --- |
| **Pipeline Name or Designation:**  |

**2. Registered agent information (if applicable, if not insert N/A):**

|  |
| --- |
| **Name:**  |
| **Mailing Address:**       |
| **City:**        | **State:**       | **Zip:**       |
| **Phone Number:**       |

###### SECTION B – OPERATION DETAILS

**1. Is this transmission pipeline facility an interstate pipeline as defined in the regulations pursuant to the “Hazardous Liquid Pipeline Safety Act of 1979" at 49 CFR 195? YES** \_\_\_\_ **NO** \_\_\_\_

1. **Maximum facility transfer capacity of main line in gallons/minute (GPM):** \_\_\_\_\_\_\_\_

**3. List of all facilities served by the pipeline that are not owned or operated by the pipeline company. Attach additional sheets as needed.**

**Facility Name Street Address Municipality County In, Out, or Max. Transfer**

**Both** (1) **Capacity (GPM)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

(1) Are hazardous substances pushed Into the pipeline from the listed facility, Out of the pipeline to the listed facility, or Both?

1. **Location of each storage/breakout facility owned or operated by the pipeline company, including street address and municipality. Total storage capacity in gallons, including breakout tanks and storage tanks.**

**Location Name**  **Street Address Municipality County Storage Capacity**

 **(gallons)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**5. Complete the following table for each hazardous substance stored, held or handled by this pipeline. Attach additional sheets as needed.**

**Name of Max. Stored Average Daily Max Transfer**

**Hazardous Substance CAS # at any Time (gals)** (2) **Throughput (gals/day)** (3) **Capacity (GPM)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

(2) Storage in breakout/storage tanks owned or operated by the pipeline company in gallons. NOT “Line Fill Capacity”

(3) On an annual basis in gallons/day.

###### SECTION C – PIPELINE DETAILS

1. **Provide an accurate paper map(s) and a digital copy in the format prescribed in N.J.A.C. 7:1E-4.10(c), showing the location of all pipeline facilities, storage areas, transfer areas, and other structures in or on which hazardous substances are stored or handled (including breakout tanks). If applicable, indicate the location at which the pipeline enters or leaves the State. See attached figures.**
2. **Pipe Inventory (Attach additional sheets as needed.)**

**Complete the following table for all types of pipes used for the transmission hazardous substances.**

#### Pipe Description History Inspection

(Material of construction, (Dates and brief descriptions of (Dates of last internal inspection

diameter, length) major repair and maintenance, or leak(s)) or pressure test)

|  |  |  |
| --- | --- | --- |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

##### SECTION D - DISCHARGE CLEANUP INFORMATION

1. **Emergency Response Coordinator Information**

|  |
| --- |
| **Response Coordinator Name:**  |
| **Title:**  |
| **24-hour Phone Number:** | **Mobile Phone Number:** |
| **Email:**  |
|  |
| **Alternate Response Coordinator Name:**  |
| **Title:**  |
| **24-hour Phone Number:** | **Mobile Phone Number:** |
| **Email:**  |

**2. Provide a summary of the action plan used in responding to, and minimizing health and environmental dangers from fires, explosions or discharges, including the deployment of personnel and equipment, the chain of command for an emergency response action, and notification procedures pursuant to N.J.A.C. 7:1E-5. (Attach additional sheets as needed.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**3. Provide a list of containment and removal equipment and materials to which the transmission pipeline has access through ownership, contract or other means, including, but not limited to, vehicles, vessels, pumps, skimmers, booms, chemicals and communication devices. A copy of all current contracts or agreements between the owner or operator and a discharge cleanup organization for emergency response service shall be included. (Attach additional sheets as needed.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**4. Provide a list of the trained personnel who are available to operate such equipment and a brief description of their qualifications, and whether personnel are employed by the owner or operator or by a discharge cleanup organization. In lieu of supplying a list of names, the owner or operator may supply a list of job titles of employees who will be assigned to operate containment and removal equipment, and a statement of the minimum qualifications that will be required of each employee so assigned. (Attach additional sheets as needed.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**5. Provide the procedures for determining the recycling or disposal options for hazardous substances or contaminated soil, debris, and so forth, gathered during cleanup and removal activities. (Attach additional sheets as needed.)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

##### SECTION E - CERTIFICATION

# Ranking Official at a Level of Authority to Commit the Necessary Resources - N.J.A.C. 7:1E-4.11(c)

**I certify under penalty of law that I have personally examined and am familiar with the information submitted in this registration and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fines or imprisonment or both, for submitting false, inaccurate or incomplete information.**

|  |  |
| --- | --- |
| Signature:  | Date:  |
| **Name (Print):**  | **Title:**  |