**Transmission Pipeline Registration Instructions/Guidance**

1. Submit the registration, including a completed Transmission Pipeline Registration Form, to the address at the top of the form. Copies of the current rules (N.J.A.C. 7:1E) and form are available on the web at http://www.nj.gov/dep/enforcement/dpp-resources.html. The form is best completed using MS Word without Track Changes, printed, and then signed.
2. Only one registration is required to be submitted for the following situations:
3. A battery of pipelines that are in close proximity to one another, parallel and begin and end at the same relative locations;
4. A pipeline with many spurs; or
5. A pipeline with multiple owners/operators (e.g. a pipeline jointly owned by several companies) provided the multiple owners/operators are the same for the entire length of the pipeline being registered.
6. Pipes connecting two adjacent properties owned or operated by the same owner/operator and separated only by a public road are not considered transmission pipelines but are considered in-facility pipes.
7. The description of the pipeline inventory must include at a minimum the length and diameter of the pipes and the type and date of the last integrity test of the pipes.
8. The maps (both paper and digital) must delineate and label the following, in accordance with N.J.A.C. 7:1E-3.2(a)8:
9. The centerline of the pipeline to at least the first valve on the sender’s and receiver’s property, if those locations are within New Jersey;
10. The facilities served by the pipeline;
11. The location of each of the owner or operator’s pipeline facilities, including storage areas, breakout tanks, transfer areas, or other areas where hazardous substances are stored or handled; and
12. The location at which the pipeline enters or leaves the State, if it does so.
13. Digital maps must be prepared in a digital environment that is compatible with the Department's Geographic Information System. The Department utilizes ArcGIS 10.8 to view and register digital images. The formats most compatible with ArcGIS 10.2 are AutoCAD 2019 and ArcGIS.mxd projects. In order to be compatible with the State's GIS system, the digital image should be projected in NJ State Plane Feet coordinates in North American Datum 1983 (NAD83). The digital drawing and all text/hatch patterns/arrows/etc. should be kept in simple text or exploded to separate them into their components if using AutoCAD. The digital maps must meet the requirements of N.J.A.C. 7:1E-4.10(c).

Previously submitted maps that do not adequately delineate and label the above information must be revised and resubmitted. Please see Attachment A for submitting digital mapping files via OneDrive.

1. Simply listing the name of a discharge cleanup organization is not an acceptable method of demonstrating compliance with N.J.A.C. 7:1E-3.4(a)2 and 3. Actual lists of equipment and employees/job titles must be provided. Referencing an approved DPCC/DCR plan from the same owner or operator for this information is acceptable.
2. See sample completed Transmission Pipeline Registration Form below.

**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:** ABC Petroleum Pipeline Company  |
| Mailing Address: P.O. Box 123 |
| **City:** Anywhere  | **State:** TX | **Zip:** 12345 |
| **Phone Number:** 123-450-6789 |

|  |  |
| --- | --- |
| **Contact Name:** John Smith  | **Title:** Environmental Manager |
| **Mailing Address:** P.O. Box 456 |
| **City:** Somewhere  | **State:** NJ | **Zip:** 01234 |
| **Office Phone Number:** 987-650-4321 | **Mobile Phone Number:** 609-321-4567 |
| **Email:** john.smith@abcpetroleum.com |

|  |
| --- |
| **Pipeline Name or Designation:** Newark Bay Pipeline A586 |

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

|  |
| --- |
| **Name:** N/A  |
| **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** \_**X\_**

1. **Maximum facility transfer capacity of main line in gallons/minute (GPM):** 300 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)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| XYZ Company | 25 Main Street | Newark | Essex | Out | 300  |
| PDQ Corporation | 83 Front Street | Linden | Union | In | 200 |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

(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)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ABC – Trenton Terminal | 10 Second Avenue | Hamilton | Mercer | 750,000 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**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)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gasoline | 8006-61-9 | 500,000 | 50,000 | 300 |
| Diesel Fuel | 68476-34-6 | 250,000 | 20,000 | 300 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

(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)

|  |  |  |
| --- | --- | --- |
| Carbon Steel, 8 inch, 5 miles | 2002 – Pump replacement | 2005 – Pressure Test |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

##### SECTION D - DISCHARGE CLEANUP INFORMATION

1. **Emergency Response Coordinator Information**

|  |
| --- |
| **Response Coordinator Name:** Jane Doe |
| **Title:** Emergency Manager |
| **24-hour Phone number:** 800-321-7654 | **Mobile Phone Number:** 201-987-4561 |
| **Email:** jane.doe@abcpetroleum.com |
|  |
| **Alternate Response Coordinator Name:** James Johnson |
| **Title:** Area Supervisor |
| **24-hour Phone Number:** 800-321-7654 | **Mobile Phone Number:** 609-123-7896 |
| **Email:** james.johnson@abcpetroleum.com |

**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.)** See Attachment 1 or See ABC Petroleum DPCC/DCR plan.

**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.)** See Attachment 2 or See ABC Petroleum DPCC/DCR plan.

**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.)** See Attachment 3 or See ABC Petroleum DPCC/DCR plan.

**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.)** See Attachment 4 or See ABC Petroleum DPCC/DCR plan.

##### 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: 2/1/2018 |
| **Name (Print):** Robert Jones  | **Title:** Vice President |

**ATTACHMENT A**

**Submission via One Drive Guide for Transmission Pipeline Digital Files**

1. Your transmission pipeline registration reviewer from the Bureau of Release Prevention – DPHS has informed you to submit the digital files for the transmission pipeline mapping via OneDrive.
2. You will receive an email either from that person or from OneDrive with a OneDrive link. Note: The Bureau has control of this folder and all you are asked to do is upload appropriate files to the folder.
3. Click on the link or the “Open” button in the email.
4. Upload or Drag and drop the files you are sharing into the folder that was shared with you.
5. Email your reviewer that you have uploaded the files in OneDrive (this is important since that person does not get a notification when files are uploaded).