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Data SubmittalDocumentation Procedure

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**Purpose -** The purpose of this procedure is to ensure that all applicable data and necessary records are submitted to the DOT Coordinator in a timely manner such that DOT regulatory deadlines and requirements can be met.

**Scope -** This procedure provides guidelines for the submittal of various DOT pipeline data records and pipeline patrol records which are required to be kept on file in the DOT Coordinator's office.

**Definitions and Submittal Deadlines:**

**Project Data Packets :** All appropriate data in connection with the design, installation, and completion of a project on a DOT regulated pipeline or facility, (ie. Ethylene pipeline or Ethylene Terminal). This data may include modified P&ID's, contractor certifications, non-destructive test results, mill specs, project field notes, inspection results, X-rays. **Project Data Packets** are due to the DOT Coordinator **10 working days following the completion of the project.** See the DOT Construction/Data Package Checklist and Construction and Repair Inspection Form. See Pages 3 and 4 of this procedure for examples of these forms.

**Inspection Reports:** All appropriate data in connection with the inspection, collection of thickness measurements, corrosion determination, and other associated activities to be performed by ESI, or a contracted inspection company on a DOT regulated pipeline or facility. **Inspection Reports** are due to the DOT Coordinator **10 working days following the completion of the inspection.** See Page 5 of this procedure for an example of this form.

**Approved:** \_\_\_\_\_ **Signature on File** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Manager Safety, Health, and Environmental**

**Approved:** \_\_\_\_\_ **Signature on File** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Environmental Manager**

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- Pressure Tests:** All appropriate data (ie. circular pressure charts, strip charts, contractor qualifications, shop testing records) in connection with pressure tests are due to the DOT Coordinator **5 working days following the completion of the test.** See Page 9 of this procedure for an example of this form.
- Aerial Patrols Checklist :** All appropriate data in connection with Aerial Patrols are due to the DOT Coordinator **5 working days following the completion of the patrol.** See the Aerial Patrol Form on page 6 of this procedure.
- Visual Patrols Checklist:** Visual Patrol Checklists are due back to the DOT Coordinator **2 days after the completion of the patrol.** See the Gas and Liquid Patrol Form on page 7 of this procedure.
- Relief Valve Inspections/Testing:** Relief Valve Inspections/Test Results must be returned to the DOT Coordinator **2 days after the completion of the inspection.** See the Relief Valve Inspection Form on page 11 of this procedure.
- Block Valve Inspections :** Block Valve Inspections must be returned to the DOT Coordinator **2 days after the completion of the inspection.** See the Block Valve Inspection Form on page 10 of this procedure.

Each of the above referenced DOT Forms can be found on the **L: Drive** under **Forms** in the **Pipeline Directory**.

## Data Submittal

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**ESI COMPANY LAKE CHARLES  
DOT PIPELINE CONSTRUCTION/REPAIR  
DATA PACKAGE CHECKLIST**

PIPELINE NAME and I.D. #: \_\_\_\_\_  
Review w/DOT if off site and greater than 1 mile \_\_\_\_\_

JOB SCOPE: \_\_\_\_\_  
\_\_\_\_\_

CONTRACTOR DOT APPROVED (yes or no): \_\_\_\_\_

DRUG/ALCOHOL POLICY APPROVED (yes or no): \_\_\_\_\_

**CORROSION INSPECTION**

External Corrosion Inspection Documentation of Existing Line \_\_\_\_\_  
Internal Corrosion Inspection Documentation of Existing Line \_\_\_\_\_

**WELDING REPORTS AND NON-DESTRUCTIVE TESTING**

Copy of Welding Procedure Qualifications \_\_\_\_\_  
Copies of Welders' Qualifications \_\_\_\_\_  
X-ray Report from X-ray Inspector \_\_\_\_\_  
Copy of Certification of Non-Destructive Testing Personnel \_\_\_\_\_  
Copy of Procedure for Non-Destructive Testing \_\_\_\_\_

**PRESSURE TEST**

Pressure Test Report \_\_\_\_\_  
Copy of Deadweight Tester Certification Record \_\_\_\_\_  
Pressure Test Recording Charts \_\_\_\_\_

**MATERIAL CERTIFICATION**

Copy of Pipe Mill Certification Report \_\_\_\_\_  
Copy of Supplier's Pipe Specification (may use invoice) \_\_\_\_\_  
Copy of Fittings Mill Certification Report \_\_\_\_\_

Copy of Valve Metal Mill Certification Report \_\_\_\_\_  
Copy of Supplier's Valve Specification (may use invoice) \_\_\_\_\_

**COATING INSPECTION**

Coating Inspection Report \_\_\_\_\_

**DOCUMENTATION (ATTACHMENTS)**

Maps and Drawings Updated (provide date completed) \_\_\_\_\_  
Project Inspector's Notes \_\_\_\_\_  
Project Engineer's Notes \_\_\_\_\_  
Review of MOP or MAOP \_\_\_\_\_  
Review of Class Location \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

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**ESI  
CONSTRUCTION AND REPAIR OF DOT PIPELINES  
INSPECTION FORM**

**1. DOCUMENTATION ON FABRICATION ISO'S**

- a. PIPELINE # AND SERVICE \_\_\_\_\_
- b. MTR HEAT NUMBERS \_\_\_\_\_
- c. WELDER ID (EACH PRESSURE CONTAINING WELD) \_\_\_\_\_
- d. BASELINE UT THICKNESS \_\_\_\_\_
- e. NDE PERFORMED (X-RAY #'S, DYE PEN, UT, ETC.) \_\_\_\_\_

**2. REPORTING**

- a. VISUAL INSPECTION OF WORK \_\_\_\_\_
- b. REPAIR OR MODIFICATION (CONDITION INTERNAL  
AND EXTERNAL OF EXISTING PIPING) \_\_\_\_\_
- c. NDE PERFORMED AND RESULTS \_\_\_\_\_
- d. WITNESSING OF PRESSURE TESTING \_\_\_\_\_
- e. ANY OTHER PERTINENT COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- f. DATE OF ACCEPTANCE FOR SERVICE \_\_\_\_\_

**3. FOLLOW-UP - INSPECTION ISO'S (SEE SUBNOTE)**

- a. REVISION OF DRAWING AND UPDATE CORROSION  
PROGRAM \_\_\_\_\_

SUBNOTE: THE FOLLOWING PORTION MAY BE DONE AT A LATER DATE, PROBABLY IN CONJUNCTION WITH A SCHEDULED ONSTREAM INSPECTION. ALL OF THE ABOVE EXCEPT THE FOLLOW-UP TO BE PROVIDED TO THE DOT COORDINATOR TOGETHER WITH THIS CHECKLIST UPON COMPLETION OF THE WORK.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## Data Submittal

## Documentation Procedure

| <b>ESI</b><br><b>BURIED PIPELINE INSPECTION FORM</b>                                         |               |
|----------------------------------------------------------------------------------------------|---------------|
| Location: _____                                                                              | Date: _____   |
| Line No.: _____ Line Name: _____                                                             | Parish: _____ |
| Landowner Name: _____                                                                        |               |
| Address: _____ City: _____ State: _____ Zip: _____                                           |               |
| Reason for Excavation: _____                                                                 |               |
| Pipe Size: _____ Depth: _____ Length Exposed: _____ Type of Coating: _____                   |               |
| Condition of Coating: _____ Site Pipe-to-Soil Potential: _____                               |               |
| Scale or Moisture Under Coating: _____ Is Coating Bonded to Pipe: _____                      |               |
| Visible Damage: _____                                                                        |               |
| Evidence of Corrosion on Pipe (Describe fully): _____                                        |               |
| _____                                                                                        |               |
| _____                                                                                        |               |
| _____                                                                                        |               |
| Thickness Readings: _____                                                                    |               |
| Depth of Pit: _____ Approximate Number of Pits: _____                                        |               |
| Length of Contiguous Corroded Area: _____                                                    |               |
| Distance to Nearest Foreign Line Crossing: _____ Name of Company: _____                      |               |
| Nature of Repairs: _____                                                                     |               |
| _____                                                                                        |               |
| _____                                                                                        |               |
| Type of Recoat Material Used: _____                                                          |               |
| Attach Photographs of Exposed Pipe Before and After Repairs are Made if Possible: (Yes) (No) |               |
| Remarks: _____                                                                               |               |
| _____                                                                                        |               |
| _____                                                                                        |               |
| _____                                                                                        |               |
| _____                                                                                        |               |
| _____                                                                                        |               |
| _____                                                                                        |               |
| Prepared By _____ Date _____                                                                 |               |
| Reviewed By _____ Date _____                                                                 |               |

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**ESI ETHYLENE STORAGE TERMINAL  
GAS PIPELINE AERIAL PATROLLING REPORT****TO BE PATROLLED ON A SEMI-MONTHLY BASIS**

|                                                                            |
|----------------------------------------------------------------------------|
| Any large patch of dead grass or dead trees on or near right-of-way?       |
| Any ice forming in pipeline right-of-way?                                  |
| Any oil/gas rigs drilling close to our pipeline?                           |
| Any dredging operations near our pipeline crossing?                        |
| Any small fires near our pipeline right-of-way?                            |
| Any construction activity other than our own near our right-of-way?        |
| Any railroad maintenance crews near our crossing?                          |
| Any canopy present that prevents the adequate observation of right-of-way? |
| Any missing milepost signs?                                                |
| COMMENTS:                                                                  |

DATE FLOWN \_\_\_\_\_ PILOT/INSPECTOR \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

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### ESI PATROLLING OF LIQUID & GAS PIPELINES

#### LIQUID PIPELINES - ONCE EVERY TWO WEEKS

|           |                    |                             |                      |
|-----------|--------------------|-----------------------------|----------------------|
| LINE I.D. | #8 Light Paraffin  | #23 Normal Paraffin Recycle | #34 SSO Slop Solvent |
|           | #9 L.A.B.          | #24 Heavy Paraffin          | #37 (NPSO) Gasoline  |
|           | #13 H.A.D.         | #26 Molex Raffinate         | #38 Vista "Slop"     |
|           | #16 Molex Kerosene |                             | #41 Crude Paraffin   |

|                                   | YES | NO  | COMMENTS |
|-----------------------------------|-----|-----|----------|
| Signs Adequate                    | ( ) | ( ) | _____    |
| Signs in Good Condition           | ( ) | ( ) | _____    |
| Supports Adequate                 | ( ) | ( ) | _____    |
| Supports in Good Condition        | ( ) | ( ) | _____    |
| Atmospheric Corrosion on Pipeline | ( ) | ( ) | _____    |
| Construction Activity in Area     | ( ) | ( ) | _____    |
| Valves in Good Condition & Secure | ( ) | ( ) | _____    |
| Right-of-Way Clear                | ( ) | ( ) | _____    |
| Any Leaks Detected                | ( ) | ( ) | _____    |

COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

#### GAS PIPELINES - ONCE EACH QUARTER

|            |               |                         |                          |
|------------|---------------|-------------------------|--------------------------|
| LINE I.D.: | #05 VCM Vapor | #39 Ethylene - Terminal | #40 Ethylene - Maplewood |
|            | #12 Hydrogen  |                         |                          |

|                                   | YES | NO  | COMMENTS |
|-----------------------------------|-----|-----|----------|
| Signs Adequate                    | ( ) | ( ) | _____    |
| Signs in Good Condition           | ( ) | ( ) | _____    |
| Supports Adequate                 | ( ) | ( ) | _____    |
| Supports in Good Condition        | ( ) | ( ) | _____    |
| Atmospheric Corrosion on Pipeline | ( ) | ( ) | _____    |
| Construction Activity in Area     | ( ) | ( ) | _____    |
| Valves in Good Condition & Secure | ( ) | ( ) | _____    |
| Right-of-Way Clear                | ( ) | ( ) | _____    |
| Any Leaks Detected                | ( ) | ( ) | _____    |

COMMENTS: \_\_\_\_\_

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

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Documentation Procedure

ESI

**HOUSTON ONE CALL  
LOCATION REQUEST**

DATE:\_\_\_\_\_ TIME:\_\_\_\_\_

PERSON RECEIVING CALL:\_\_\_\_\_

PHYSICAL ADDRESS OF EXCAVATION:\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION ON LOCATION:\_\_\_\_\_

\_\_\_\_\_

REASON FOR EXCAVATION:\_\_\_\_\_

COMMENTS (ACTION TAKEN IF ANY):\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSON RESPONDING TO LOCATIONREQUEST:\_\_\_\_\_

\_\_\_\_\_

## Data Submittal

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ESI

## D.O.T. PIPELINE PRESSURE TEST REPORT

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

LINE NAME: \_\_\_\_\_

NUMBER \_\_\_\_\_

TESTER'S COMPANY NAME: \_\_\_\_\_

TESTER'S NAME: \_\_\_\_\_

STARTING TIME FOR HOLDING PRESSURE: \_\_\_\_\_ (a.m.) (p.m.)

STOPPING TIME FOR HOLDING PRESSURE: \_\_\_\_\_ (a.m.) (p.m.)

TOTAL ACTUAL TIME PRESSURE WAS HELD: \_\_\_\_\_  
(Minimum - 8 Hours Total for Gas & Liquid Lines)

TEST

MEDIA: \_\_\_\_\_

MINIMUM TEST PRESSURE DURING TEST PERIOD: \_\_\_\_\_

TESTING APPARATUS

(Description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_TYPE OF CHART RECORDER? \_\_\_\_\_ DATE LAST CALIBRATED: \_\_\_\_\_  
(Attach Chart & Calibration Data to Report)TYPE OF DEAD WEIGHT TESTER? \_\_\_\_\_ DATE LAST CALIBRATED: \_\_\_\_\_  
(Attach Calibration Data to Report)TEST PROCEDURE UTILIZED DURING THIS OPERATION:

PROCEDURE

NAME: \_\_\_\_\_

PROCEDURE

NUMBER: \_\_\_\_\_

DATE OF PROCEDURE'S LAST REVISION: \_\_\_\_\_

**NOTE: ONLY PERFORM PRESSURE TEST UTILIZING A CURRENT TEST PROCEDURE IF LAST REVISION DATE IS OLDER THAN ONE YEAR FROM DATE THE TEST IS TO TAKE PLACE, SEEK AUTHORIZATION TO PERFORM TEST FROM THE UNIT OR TERMINAL MANAGER. PROCEDURE HAS TO CONFORM TO D.O.T. REGULATIONS OUTLINED IN 49 CFR PART 192, SUBPART J FOR GAS PIPELINES AND 49 CFR PART 195, SUBPART E FOR LIQUID PIPELINES.**

LAST PROCEDURE REVISION IS WITHIN ONE YEAR FROM TESTING DATE: YES / NO (Please circle)

IF NOT, OBTAIN SIGNATURE FROM UNIT OR TERMINAL MANAGER:

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NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**IF SO, PERFORM TESTS IN ACCORDANCE WITH CURRENT APPROVED PROCEDURE.**

Engineering Services, LP

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**ESI  
D.O.T. PIPELINE BLOCK VALVE  
INSPECTION REPORT**

LIQUID - SEMI ANNUALLY    GAS - ANNUALLY

PIPELINE NAME and I.D. # \_\_\_\_\_

**VALVE INFORMATION**

LOCATION \_\_\_\_\_ NUMBER \_\_\_\_\_

MANUFACTURER \_\_\_\_\_ TYPE/MODEL \_\_\_\_\_

PRESSURE RATING \_\_\_\_\_ SPECIFICATION \_\_\_\_\_

API 6-A GAS    API 6DE - GAS & LIQUIDS

**VALVE CONDITIONS**

ACCESSIBLE \_\_\_\_\_ PROTECTED FROM TAMPERING \_\_\_\_\_

SUPPORTED PROPERTY \_\_\_\_\_ OPERABLE \_\_\_\_\_

HAS POSITION INDICATOR \_\_\_\_\_ LUBRICATED (IF NECESSARY) \_\_\_\_\_

RIGHT-OF-WAY CLEAR? \_\_\_\_\_ ANY LEAKS PRESENT? \_\_\_\_\_

CORROSION VISIBLE? (YES) (NO)

IF LEAKS FOUND, CORRECTIVE MEASURES TAKEN, i.e., tighten, packing,: \_\_\_\_\_

WORK ORDER WRITTEN - CIRCLE ONE OR OTHER (YES) (NO)

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INSPECTOR

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**ESI**  
**D.O.T. PIPELINE RELIEF VALVE**  
**VISUAL INSPECTION REPORT**

**LIQUID /GAS - ANNUALLY**

**PIPELINE NAME and I.D. #:** \_\_\_\_\_

**VALVE INFORMATION**

**LOCATION** \_\_\_\_\_ **NUMBER** \_\_\_\_\_

**MANUFACTURER** \_\_\_\_\_ **TYPE/MODEL** \_\_\_\_\_

**PRESSURE RATING** \_\_\_\_\_ **SPECIFICATION** \_\_\_\_\_

**INSPECTION TAG DATE:** \_\_\_\_\_

**API 6-A GAS API 6DE - GAS & LIQUIDS**

**VALVE CONDITIONS**

**ACCESSIBLE** \_\_\_\_\_ **PROTECTED FROM TAMPERING** \_\_\_\_\_

**SUPPORTED PROPERTY** \_\_\_\_\_ **OPERABLE** \_\_\_\_\_ **LEAKS** \_\_\_\_\_

**HAS POSITION INDICATOR** \_\_\_\_\_ **LUBRICATED (IF NECESSARY)** \_\_\_\_\_

**RIGHT-OF-WAY CLEAR?** \_\_\_\_\_ **ANY LEAKS PRESENT?** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**DATE** \_\_\_\_\_ **INSPECTOR** \_\_\_\_\_

## Data Submittal

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**ESI  
SAFETY-RELATED CONDITION REPORT**

**FROM:****TO:****TO:**

ESI

PIPELINE DIVISION

INFORMATION RESOURCES MANAGER

**Person Submitting Report:**

Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Address \_\_\_\_\_  
  
Business Telephone Number \_\_\_\_\_

**Person Who Determined the Condition Exists:**

Name \_\_\_\_\_  
Job Title \_\_\_\_\_  
Address \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Date That Condition Was Discovered: \_\_\_\_\_

Date That Condition Was Determined to be Safety-Related: \_\_\_\_\_

Location of Condition (Address, Landmark, Station, etc.) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Condition Including Circumstances Leading to its Discovery and Significant Effects on Safety: \_\_\_\_\_  
\_\_\_\_\_

Corrective Action Taken (Schedule of Anticipated Corrective and Concluding Actions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_