

APPLICATION FOR PERMIT TO OPERATE A PIPELINE IN TEXAS

Form T-4

Rev. 02/2016

Liquid Pipelines

(See 16 Texas Administrative Code §3.70)

Railroad Commission of Texas
Oversight and Safety Division
Pipeline Safety Department
Permitting/Mapping



Permit Number _____

ORGANIZATIONAL INFORMATION

1. Operator Name:	P-5 No.:
Operator Address:	
2. Does the operator identified in item 1 own the pipeline? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", give name and address of owner	
Owner Name:	
Owner Address:	
3. Does the operator control the economic operations of the pipeline? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", provide name, address, and P5# of economic operator	
Eco. Operator Name:	P-5 No.:
Eco. Operator Address:	

PIPELINE INFORMATION

1. Mark the appropriate box for each of the following questions:

a) New permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	New Construction Report Number: <u> </u> NC <u> </u>
b) Renewal for same operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Extensions or modifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d) Change in Operator or Ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If "Yes", submit Form T-4B with this application

Total Permit Miles: _____
(after all changes)

2. Mark the appropriate box for each of the following questions:

a) Are the pipelines covered under this permit: Interstate Intrastate

b) Commodity transported: Crude Oil Full Well Stream Condensate Products * Other *

* Describe Commodities Transported: _____

c) Does the commodity contain H2S? Yes No If "Yes", at what concentration? _____ppm

d) Requested Pipeline Classification (Common Carrier or Private Pipeline): _____

e) Does pipeline use any public highway or road, railroad, public utility easement, or other common carrier right-of-way? Yes No

f) Does the pipeline carry only the liquids produced by the operators? Yes No If "No", select the activity below:

Purchased from others Owned by others but transported for a fee Both purchased from and transported for others (clear f)

3. Select the purpose being sought for the pipeline.

<input type="checkbox"/> Transmission	<input type="checkbox"/> Other (describe): _____	If "Other", attach a sworn statement providing factual basis supporting the purpose being sought for the pipeline.
<input type="checkbox"/> Gathering	<input type="checkbox"/> Own Consumption	

Basis for Requested Classification

A Statement or Sworn Statement is required to be submitted with this application.

If obtaining a new pipeline permit or amending a permit because of a change in classification:

Submit Sworn Statement from the applicant providing the operator's factual basis supporting the classification and purpose being sought.

And, if requesting Common Carrier status:

Submit documentation to support the classification and purpose.

To renew an existing permit, to amend an existing permit for any reason other than a change in classification, or to cancel an existing permit:

Submit Statement confirming the current classification and purpose of the pipeline or pipeline system as a Common Carrier or Private Pipeline.

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Maps of Pipeline Indicate below if maps are attached to this application or being submitted concurrently separately.

- An overview map (24" x 24" / 1" = 20 miles or less) Attached Submitted Separately
- Digital shape files for new, added, removed, or transferred pipelines. Attached Submitted Separately

Affirmation When requesting Common Carrier status, the following affirmation must be made.

- The applicant attests that they have read and understand the eminent domain provisions in Texas Property Code, Chapter 21, and the Texas Landowner's Bill of Rights as published by the Office of Attorney General of Texas.

Attached Documentation Indicate below all of the attachments for this application

- Form PS-48, *New Construction Report*
- Form T-4B, *Pipeline Transfer Certification*
- Sworn Statement providing factual basis supporting classification and purpose being sought
- Documentation to provide support for the classification and purpose (Common Carrier)
- Statement confirming the current classification and purpose
- Overview Map
- Other(s). Brief description of purpose(s): _____

PIPELINE CONTACT INFORMATION

Related to the # _____	
Name:	Title:
Address:	
Phone:	Email:

Related to the h _____ h _____	
Name:	Title:
Address:	
Phone:	Email:

Related to Mapping / GIS	
Name:	Title:
Address:	
Phone:	Email:

Each pipeline permit must contain at least one System, with at least one Segment. The following page(s) contain System and Segment information related to this permit application.

If this is an annual renewal with no changes to the required information so indicate below or continue with System and Segment data.

- Annual Renewal with no changes System and Segment information to follow

CERTIFICATE: I declare under penalties in Section 91.143, Texas Natural Resources Code, that I am authorized to file this application, that this application was prepared by me or under my supervision and direction, and that the data and facts stated therein are true, correct, and complete to be the best of my knowledge.

Signature _____ Title _____ Date _____

APPLICATION FOR PERMIT TO OPERATE A PIPELINE IN TEXAS (cont.)
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Operator Name:	Permit Number:
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PIPELINE SYSTEM AND SEGMENTS

Each pipeline permit must contain at least one System, with at least one Segment
 Use a separate sheet for the 'Transmission', 'Gathering' and 'Other' Segments of each System

(if an PHMSA or PES ID is unknown, leave it blank)

System Name:	PHMSA Operator ID:
Commodity Transported:	System Status:
Pipeline Function: <input type="checkbox"/> Trunkline / Transmission <input type="checkbox"/> Gathering <input type="checkbox"/> Other (describe):	
Total Miles of pipeline in this System:	PES System ID:

Segment Name, Line No. / Identification	Pipeline Segment Specifications:	Location Designation	Population Designation	County
	Length (miles)	<input type="checkbox"/> Land <input type="checkbox"/> Bay Area <input type="checkbox"/> Navigable Waterway <input type="checkbox"/> Offshore	<input type="checkbox"/> Non-Rural <input type="checkbox"/> Rural	
	Outside Diameter (inches)			
	Wall Thickness (inches)			
	MOP			
	Pipe Grade			
	Pipe Standard			
	Unusually Sensitive Area: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
	Length (miles)	<input type="checkbox"/> Land <input type="checkbox"/> Bay Area <input type="checkbox"/> Navigable Waterway <input type="checkbox"/> Offshore	<input type="checkbox"/> Non-Rural <input type="checkbox"/> Rural	
	Outside Diameter (inches)			
	Wall Thickness (inches)			
	MOP			
	Pipe Grade			
	Pipe Standard			
	Unusually Sensitive Area: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
	Length (miles)	<input type="checkbox"/> Land <input type="checkbox"/> Bay Area <input type="checkbox"/> Navigable Waterway <input type="checkbox"/> Offshore	<input type="checkbox"/> Non-Rural <input type="checkbox"/> Rural	
	Outside Diameter (inches)			
	Wall Thickness (inches)			
	MOP			
	Pipe Grade			
	Pipe Standard			
	Unusually Sensitive Area: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
	Length (miles)	<input type="checkbox"/> Land <input type="checkbox"/> Bay Area <input type="checkbox"/> Navigable Waterway <input type="checkbox"/> Offshore	<input type="checkbox"/> Non-Rural <input type="checkbox"/> Rural	
	Outside Diameter (inches)			
	Wall Thickness (inches)			
	MOP			
	Pipe Grade			
	Pipe Standard			
	Unusually Sensitive Area: <input type="checkbox"/> Yes / <input type="checkbox"/> No			
	Length (miles)	<input type="checkbox"/> Land <input type="checkbox"/> Bay Area <input type="checkbox"/> Navigable Waterway <input type="checkbox"/> Offshore	<input type="checkbox"/> Non-Rural <input type="checkbox"/> Rural	
	Outside Diameter (inches)			
	Wall Thickness (inches)			
	MOP			
	Pipe Grade			
	Pipe Standard			
	Unusually Sensitive Area: <input type="checkbox"/> Yes / <input type="checkbox"/> No			

ATTACH ADDITIONAL PAGES AS NEEDED. No additional pages Additional pages ____ (# of additional pages)