U.S Department of Transportation
Pipeline and Hazardous Materials
Safety Administration

ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE SYSTEMS

Report format corresponds to Form PHMSA F 7000-1 (01-2001)

Original Report Date December 19, 2005

No. 20050370 - 3954

PART A – GENERAL INFORMATION					
N	**Original Report**	Y	**Supplemental Report**	Y	**Final Report**
Last Revision Date			02/23/2006		
1. Operator Name and Address					
a. Operator's 5-digit Identification Number			31189		
b. If Operator does not own the pipeline, enter Owner's OPS 5-digit Identification Number (if known)					
c. Name of Operator			BP PIPELINES, N.A.		
d. Operator street address			28100 TORCH PARKWAY		
e. Operator address City			WARRENVILLE		
County or Parish			DUPAGE		
State			IL		
Zip code			60555		
2. Time and date of the accident					
Hour					
Date of the accident			11/23/2005		
3. Location of accident					
a. Latitude			36 57.516		
Longitude			08716.631		
b. City			HOPKINSVILLE		
County or Parish			TODD		
c. State			KY		
Zip Code			42240		
d. Mile Post/Valve Station			349.71		
Survey Station No			18464+52		
4. Telephone Report					
NRC Report Number			780443		
Date			11/23/2005		
5. Losses (Estimated)					
Public/Community Losses reimbursed by operator					
Public/private property damage	$		0		
Cost of emergency response phase	$		400000		
Cost of environmental remediation	$		600000		
Other Costs	$		0		
Describe					
Operator Losses					
Value of product lost	$		0		
Value of operator property damage	$		0		
Other Costs	$		0		
Describe					
Total Costs	$		1000000		
6. Commodity Spilled					
Commodity spilled (yes/no)			Y		

a. Name of commodity spilled	XYLENE
b. Classification of commodity spilled	GASOLINE, DIESEL, FUEL OIL OR OTHER PETROLEUM PRODUCT WHICH IS A LIQUID AT AMBIENT CONDITIONS
c. Estimated amount of commodity involved	
Unit of Measure	BARRELS
Amount Spilled	250.00
Amount Recovered	100.00
CAUSES FOR SMALL SPILLS	NO DATA

PART B – PREPARER AND AUTHORIZED SIGNATURE	
Preparer's Name	LARRY ABRAHAM
Area Code and Telephone Number	6308363491
Preparer's E-mail Address	LARRY.ABRAHAM@BP.COM
Area Code and Facsimile Number	6308363582

PART C – ORIGIN OF THE ACCIDENT	
1. Additional location information	
a. Line segment name or ID	XYLENE SYSTEM
b. Accident on Federal Land other than Outer Continental Shelf	NO
c. Is pipeline Interstate	Y
Offshore	N
d. Area	
Block #	
State	
Outer Continental Shelf	
2. Location of system involved	
Operator's Property	NO
Pipeline Right of Way	Y
High Consequence Area (HCA)	Y
Describe HCA	WATER
3. Part of system involved in accident	ONSHORE PIPELINE, INCLUDING VALVE SITES
Other (specify)	
If failure occurred on Pipeline, complete items a-g	
a. Leak or Rupture	RUPTURE
Type of Leak	
- Puncture, diameter *(inches)*	
Type of Rupture	LONGITUDINAL-TEAR/CRACK
- Tear/Crack, length *(inches)*	3
- Propagation Length, total, both sides *(feet)*	5
Other (specify)	
b. Type of block valve used for isolation immediate section	
Upstream	
Manual	NO
Automatic	YES
Remote Control	NO
Check Valve	NO
Downstream	
Manual	YES
Automatic	NO
Remote Control	NO
Check Valve	NO
c. Length of segment isolated (ft)	42240
d. Distance between valves (ft)	42240

e. Is segment configured for internal inspection tools?		YES	
f. Had there been an in-line inspection device run at the point of failure?		YES	
g. If Yes, type of device run			
High Resolution Magnetic Flux tool	YES	Year run	2005
Low Resolution Magnetic Flux tool	NO	Year run	
UT tool	NO	Year run	
Geometry tool	YES	Year run	2004
Caliper tool	YES	Year run	2004
Crack tool	NO	Year run	
Hard Spot tool	NO	Year run	
Other tool	NO	Year run	
4. Failure occurred on		BODY OF PIPE	
Other (specify)			
Year the component that failed was installed		1977	
5. Maximum operating pressure (MOP)			
a. Estimated pressure at point and time of accident (PSIG)		272	
b. MOP at time of accident (PSIG)		1422	
c. Did an over pressurization occur relating to the accident?		N	

PART D – MATERIAL SPECIFICATION	
1. Nominal pipe size (NPS) (inches)	8
2. Wall thickness (inches)	0.28
3. Specification	GRADE B (X-42)
SMYS	35000
4. Seam type	SEAMLESS
5. Valve type	X
6. Manufactured by	IPSCO TUBULERS INC.
in year	1977
PART E – ENVIRONMENT	
1. Area of accident	UNDER GROUND
Other (specify)	
2. Depth of cover (inches)	36

PART F – CONSEQUENCES			
1. Consequences		**Fatalities**	**Injuries**
a. Number of operator employees		0	0
Contractor employees working for operator			
General public		0	0
Totals		0	0
b. Was pipeline/segment shutdown due to leak?		N	
If Yes, how long?	Days		
	Hours		
	Minutes		
c. Product ignited		Gas did not Ignite	
d. Explosion		NO EXPLOSION	
e. Evacuation *(general public only)*		N	
Number of people			

Reason for Evacuation	
f. Elapsed time until area was made safe	
Hours	12
Minutes	30
2. Environmental Impact	
a. Wildlife Impact	
Fish/aquatic	Y
Birds	Y
Terrestrial	N
b. Soil Contamination	Y
If Yes, estimated number of cubic yards	20
c. Long term impact assessment performed	Y
d. Anticipated remediation	Y
If Yes, check all that apply	
Surface Water	Y
Groundwater	N
Soil	Y
Vegetation	N
Wildlife	N
e. Water Contamination	Y
Amount in water (barrels)	125
Ocean/Seawater	N
Surface	Y
Groundwater	N
Drinking water	N
Drinking water source	

PART G – LEAK DETECTION INFORMATION	
1. Computer based leak detection capability in place?	N
2. Was the release initially detected by?	OTHER
Other (specify)	3RD PARTY TILER
3. Estimated leak duration Days	0
Hours	12

PART H – APPARENT CAUSE

H1 – CORROSION	
1. External Corrosion	
2. Internal Corrosion	
Complete items a-e where applicable	
a. Pipe Coating	
b. Visual Examination	
Other (specify)	
c. Cause of Corrosion	
Other (specify)	
d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering accident?	
Year Protection Started	
e. Was pipe previously damaged in the area of corrosion?	
Estimated time prior to accident Years	
Months	
H2 – NATURAL FORCES	

3. Earth Movement	
Description	
Other (specify)	
4. Lightning	
5. Heavy Rains/Floods	
Description	
Other (specify)	
6. Temperature	
Description	
Other (specify)	
7. High Winds	
H3 – EXCAVATION DAMAGE	
8. Operator Excavation Damage (including their contractors / Not Third Party)	
9. Third Party	Yes
a. Excavator group	EXCAVATOR OTHER THAN OPERATOR/SUBCONTRACTOR
b. Type	LANDOWNER
Other (specify)	
c. Excavation was	OPEN TRENCH
d. Excavation was ongoing activity (Month or longer)	
If Yes, Date of last contact	
e. Did operator get prior notification of excavation activity?	N
If Yes; Date received	
Notification received from	
f. Was pipeline marked?	N
i. Temporary markings	
ii. Permanent markings	
iii. Marks were	
iv. Were marks made within required time?	
H4 – OTHER OUTSIDE FORCE DAMAGE	
10. Fire/Explosion as primary cause of failure	
Fire/Explosion cause	
11. Car, truck or other vehicle not relating to excavation activity damaging pipe	
12. Rupture of Previously Damaged Pipe	
13. Vandalism	
H5 – MATERIAL AND/OR WELD FAILURES	
Material	
14. Body of Pipe	
Description	
Other (specify)	
15. Component	
Description	
Other (specify)	
16. Joint	
Description	
Other (specify)	
Weld	
17. Butt	
Description	
Other (specify)	
18. Fillet	
Description	

Other (specify)	
19. Pipe Seam	
Description	
Other (specify)	
Complete a-g if you indicate any cause in part H5	
a. Type of failure	
Construction Defect	NO DATA
Description	
Material Defect	NO DATA
b. Was failure due to pipe damage sustained in transportation to the construction or fabrication site?	
c. Was part which leaked pressure tested before accident occurred?	
d. Date of test	
Year	
Month	
Day	
e. Test medium	
Other (specify)	
f. Time held at test pressure (hr)	
g. Estimated test pressure at point of incident (PSIG)	
H6 – EQUIPMENT	
20. Malfunction of Control/Relief Equipment	
Description	
Other (specify)	
21. Threads Stripped, Broken Pipe Coupling	
Description	
Other (specify)	
22. Seal Failure	
Description	
Other (specify)	
H7 – INCORRECT OPERATION	
23. Incorrect Operation	
a. Type	
Other (specify)	
b. Number of employees involved who failed a post-accident test	
Drug test	
Alcohol test	
H8 - OTHER	
24. Miscellaneous	
Describe	
25. Unknown	
Describe	
PART I – NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT	
A THIRD PARTY CONTRACTOR INSTALLING AGRICULTURAL FIELD DRAIN TILE SYSTEM STRUCK AND RUPTURED XYLENE PIPELINE CAUSING AN IMMEDIATE RELEASE TO GROUND AND NEARBY WATERWAY. STATE OF KENTUCKY ONE CALL SYSTEM WAS NOT NOTIFIED.	