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 April 15, 2009

No. 20090099 - 10407

PART A – GENERAL INFORMATION					
N	**Original Report**	Y	**Supplemental Report**	Y	**Final Report**
Last Revision Date			01/18/2010		
1. Operator Name and Address					
a. Operator's 5-digit Identification Number			18718		
b. If Operator does not own the pipeline, enter Owner's OPS 5-digit Identification Number (if known)					
c. Name of Operator			SUNOCO PIPELINE L.P.		
d. Operator street address			ONE FLUOR DANIEL DRIVE, BUILDING A, LEVEL 3		
e. Operator address City			SUGAR LAND		
County or Parish			FORT BEND		
State			TX		
Zip code			77478		
2. Time and date of the accident					
Hour					
Date of the accident			03/16/2009		
3. Location of accident					
a. Latitude			31.3581		
Longitude			-97.1753		
b. City			LORENA		
County or Parish			MCLENNAN		
c. State			TX		
Zip Code			76655		
d. Mile Post/Valve Station					
Survey Station No			2719+13		
4. Telephone Report					
NRC Report Number			900080		
Date			03/16/2009		
5. Losses (Estimated)					
Public/Community Losses reimbursed by operator					
Public/private property damage		$	0		
Cost of emergency response phase		$	175000		
Cost of environmental remediation		$	387993		
Other Costs		$	52600		
Describe			PROPERTY OWNERCROP & SETTLEMENT		
Operator Losses					
Value of product lost		$	38000		
Value of operator property damage		$	0		
Other Costs		$	0		
Describe					
Total Costs		$	653593		
6. Commodity Spilled					
Commodity spilled (yes/no)			Y		

a. Name of commodity spilled	CRUDE OIL
b. Classification of commodity spilled	CRUDE OIL
c. Estimated amount of commodity involved	
Unit of Measure	BARRELS
Amount Spilled	1,400.00
Amount Recovered	670.00
CAUSES FOR SMALL SPILLS	NO DATA

PART B – PREPARER AND AUTHORIZED SIGNATURE	
Preparer's Name	KENNETH DAVID BORN
Area Code and Telephone Number	2816376497
Preparer's E-mail Address	KDBORN@SUNOCOLOGISTICS.COM
Area Code and Facsimile Number	2816376425

PART C – ORIGIN OF THE ACCIDENT	
1. Additional location information	
a. Line segment name or ID	HEARNE TO COMYN
b. Accident on Federal Land other than Outer Continental Shelf	NO
c. Is pipeline Interstate	N
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)	N
Describe HCA	
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	LEAK
Type of Leak	CONNECTION FAILURE
- Puncture, diameter *(inches)*	
Type of Rupture	
- Tear/Crack, length *(inches)*	
- Propagation Length, total, both sides *(feet)*	
Other (specify)	
b. Type of block valve used for isolation immediate section	
Upstream	
Manual	YES
Automatic	NO
Remote Control	NO
Check Valve	NO
Downstream	
Manual	YES
Automatic	NO
Remote Control	NO
Check Valve	YES
c. Length of segment isolated (ft)	28683
d. Distance between valves (ft)	28683
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	2008
Low Resolution Magnetic Flux tool	NO	Year run	
UT tool	NO	Year run	
Geometry tool	YES	Year run	2008
Caliper tool	NO	Year run	
Crack tool	NO	Year run	
Hard Spot tool	NO	Year run	
Other tool	NO	Year run	
4. Failure occurred on		JOINT	
Other (specify)			
Year the component that failed was installed		1925	
5. Maximum operating pressure (MOP)			
a. Estimated pressure at point and time of accident (PSIG)		400	
b. MOP at time of accident (PSIG)		635	
c. Did an over pressurization occur relating to the accident?		N	

PART D – MATERIAL SPECIFICATION	
1. Nominal pipe size (NPS) (inches)	12
2. Wall thickness (inches)	0.38
3. Specification	GRADE A
SMYS	25000
4. Seam type	LW
5. Valve type	
6. Manufactured by	
in year	
PART E – ENVIRONMENT	
1. Area of accident	UNDER GROUND
Other (specify)	
2. Depth of cover (inches)	12

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?		Y	
If Yes, how long?	Days	1	
	Hours	0	
	Minutes	0	
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	4
Minutes	0
2. Environmental Impact	
a. Wildlife Impact	
Fish/aquatic	N
Birds	N
Terrestrial	N
b. Soil Contamination	Y
If Yes, estimated number of cubic yards	1000
c. Long term impact assessment performed	N
d. Anticipated remediation	Y
If Yes, check all that apply	
Surface Water	N
Groundwater	N
Soil	Y
Vegetation	Y
Wildlife	N
e. Water Contamination	N
Amount in water (barrels)	
Ocean/Seawater	
Surface	
Groundwater	
Drinking water	
Drinking water source	

PART G – LEAK DETECTION INFORMATION	
1. Computer based leak detection capability in place?	Y
2. Was the release initially detected by?	REMOTE OPERATING PERSONNEL, INCLUDING CONTROLERS
Other (specify)	
3. Estimated leak duration Days	0
Hours	13

PART H – APPARENT CAUSE

H1 – CORROSION	
1. External Corrosion	
2. Internal Corrosion	Yes
Complete items a-e where applicable	
a. Pipe Coating	BARE
b. Visual Examination	LOCALIZED PITTING
Other (specify)	
c. Cause of Corrosion	MICROBIOLOGICAL
Other (specify)	
d. Was corroded part of pipeline considered to be under cathodic protection prior to discovering accident?	Y
Year Protection Started	1950
e. Was pipe previously damaged in the area of corrosion?	N
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	
a. Excavator group	
b. Type	
Other (specify)	
c. Excavation was	
d. Excavation was ongoing activity (Month or longer)	
If Yes, Date of last contact	
e. Did operator get prior notification of excavation activity?	
If Yes; Date received	
Notification received from	
f. Was pipeline marked?	
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

CONTROL CENTER NOTED LINE IMBALANCE AND SHUT LINE DOWN. LINE WAS FLOWN THE NEXT MORNING AND THE LEAK WAS LOCATED EAST OF I35,SOUTH OF THE TOWN OF LORENA, TEXAS IN MCLENNAN COUNTY. LEAK SITE WAS IN A CORN FIELD AND HAD MIGRATED TO A FARM POND. THE LEAK OCCURRED IN A THREAD AND COLLAR CONNECTION OF THE LINE. THE CAUSE OF THE FAILURE WAS INTERNAL CORROSION OF THE THREADED COUPLING.