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 September 23, 2009

No. 20090268 - 10486

PART A – GENERAL INFORMATION

N	**Original Report**	Y	**Supplemental Report**	Y	**Final Report**

Last Revision Date	01/25/2010
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 FLOUR 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	08/24/2009
3. Location of accident	
a. Latitude	29.8169
Longitude	-94.8833
b. City	MONT BELVIEU
County or Parish	CHAMBERS
c. State	TX
Zip Code	77520
d. Mile Post/Valve Station	
Survey Station No	0.0 BARBERS HILL STATION
4. Telephone Report	
NRC Report Number	915886
Date	08/24/2009
5. Losses (Estimated)	
Public/Community Losses reimbursed by operator	
Public/private property damage $	0
Cost of emergency response phase $	0
Cost of environmental remediation $	0
Other Costs $	0
Describe	
Operator Losses	
Value of product lost $	96780
Value of operator property damage $	0
Other Costs $	432223
Describe	RESPONSE & REMEDIATION,
Total Costs $	529003
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	2,500.00
Amount Recovered	887.00
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	BARBERS HILL STATION
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	YES
Pipeline Right of Way	Y
High Consequence Area (HCA)	Y
Describe HCA	OPA, HPA, DW
3. Part of system involved in accident	ONSHORE PUMP/METER STATION EQUIPMENT AND PIPING
Other (specify)	
If failure occurred on Pipeline, complete items a-g	
a. Leak or Rupture	
Type of Leak	
- 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	NO
Automatic	NO
Remote Control	NO
Check Valve	NO
Downstream	
Manual	NO
Automatic	NO
Remote Control	NO
Check Valve	NO
c. Length of segment isolated (ft)	
d. Distance between valves (ft)	

e. Is segment configured for internal inspection tools?			
f. Had there been an in-line inspection device run at the point of failure?			
g. If Yes, type of device run			
High Resolution Magnetic Flux tool	NO	Year run	
Low Resolution Magnetic Flux tool	NO	Year run	
UT tool	NO	Year run	
Geometry tool	NO	Year run	
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		BODY OF PIPE	
Other (specify)			
Year the component that failed was installed		1966	
5. Maximum operating pressure (MOP)			
a. Estimated pressure at point and time of accident (PSIG)		4	
b. MOP at time of accident (PSIG)		50	
c. Did an over pressurization occur relating to the accident?		N	

PART D – MATERIAL SPECIFICATION	
1. Nominal pipe size (NPS) (inches)	12.75
2. Wall thickness (inches)	0.25
3. Specification	GRADE A
SMYS	25000
4. Seam type	LAP WELD
5. Valve type	
6. Manufactured by	
in year	
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?		Y	
If Yes, how long?	Days	30	
	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	2
Minutes	
2. Environmental Impact	
a. Wildlife Impact	
Fish/aquatic	N
Birds	N
Terrestrial	N
b. Soil Contamination	Y
If Yes, estimated number of cubic yards	10000
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	N
Wildlife	N
e. Water Contamination	Y
Amount in water (barrels)	1290
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?	Y
2. Was the release initially detected by?	A THIRD PARTY
Other (specify)	
3. Estimated leak duration Days	3
Hours	0

PART H – APPARENT CAUSE

H1 – CORROSION	
1. External Corrosion	
2. Internal Corrosion	Yes
Complete items a-e where applicable	
a. Pipe Coating	COATED
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	1966
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	
INTERNAL CORROSION LEAK ON TANK SUCTION LINE.	