

## ACCIDENT REPORT – HAZARDOUS LIQUID PIPELINE SYSTEMS

September 23, 2009

Original Report Date

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

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

No.

20090268 - 10486

PART A – GENERAL INFORMATION					
Ν	Original Report	Y	Supplemental Report	Y	Final Report
	Last Revision Date		01/25/2010		
1. Operator Nar	me and Address				
a. Operator's	5-digit Identification	Number	18718		
b. If Operator	does not own the pi	peline, enter			
Owner's OPS	5-digit Identification	Number (if			
c Name of Or	erator				
d Operator st	reet address		ONE ELOUR DANI		GALEVEL 3
e Operator ac	Idress				570, 22722 0
City			SUGAR LAND		
		County or Parish	FORT BEND		
		State	ТХ		
		Zip code	77478		
2. Time and dat	e of the accident				
		Hour			
	Dat	te of the accident	08/24/2009		
3. Location of a	ccident		<b></b>		
a. Latitude			29.8169		
Longitude			-94.8833		
b. City			MONT BELVIEU		
County or F	Parish		CHAMBERS		
c. State		ТХ			
Zip Code			77520		
d. Mile Post/V	alve Station				
Survey Stat	ion No		0.0 BARBERS HIL	L STATION	
4. Telephone R	eport		[		
NRC Report Number		915886			
Date			08/24/2009		
5. Losses (Estimated)					
Public/Commu	nity Losses reimbu	rsed by operator			
Public/private	property damage	<u>م</u>	0		
Cost of emerg	ency response pha	se þ	0		
Other Cente	nmental remediation	n	0		
Describe		Φ	0		
Operator Losso	<u> </u>				
Value of produ	ict lost	¢	96780		
Value of opera	ator property damag	γ Ie \$	0		
Other Costs	and property damag	<u>,- Ψ</u>	432223		
Describe		Ψ	RESPONSE & REF	MEDIATION	
Total Costs		\$	529003		
6. Commodity Spilled					
Commodity sr	billed (yes/no)		Y		
			1		

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 <i>(inches)</i>	
- Propagation Length, total, both sides (feet)	
Other (specify)	
b. Type of block valve used for isolation immediat	e 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 configure tools?	d for internal inspection		
f. Had there been an in- at the point of failure?	line inspection device run		
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	t failed was installed	1966	
5. Maximum operating p	ressure (MOP)		
a. Estimated pressure a accident	t point and time of (PSIG)	4	
b. MOP at time of accid	lent (PSIG)	50	
c. Did an over pressuriz accident?	ation occur relating to the	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 e	mployees	0	0
Contractor employees working for operator			
General public		0	0
Totals		0	0
b. Was pipeline/segmer	it 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	Ν
Birds	Ν
Terrestrial	Ν
b. Soil Contamination	Υ
If Yes, estimated number of cubic yards	10000
c. Long term impact assessment performed	Ν
d. Anticipated remediation	Υ
If Yes, check all that apply	
Surface Water	Ν
Groundwater	Ν
Soil	Υ
Vegetation	Ν
Wildlife	Ν
e. Water Contamination	Υ
Amount in water (barrels)	1290
Ocean/Seawater	Ν
Surface	Υ
Groundwater	Ν
Drinking water	Ν
Drinking water source	

PART G – LEAK DETECTION INFORMATION	
<ol> <li>Computer based leak detection capability in place?</li> </ol>	Υ
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?	Υ	
Year Protection Started	1966	
e. Was pipe previously damaged in the area of corrosion?	Ν	
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	
If Yes: Data received	
Notification received from	
f Was singling marked?	
i. Tomporony markingo	
i. Temporary markings	
ii. Permanent markings	
iii. Mars were	
10. Eiro/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)	
Wold	
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	
а. Туре	
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.	