Pipeline Group Factual Report

ATTACHMENT 12

Carmichael - Demopolis Hydrotest 1984

Carmichael, Mississippi
DCA 08 MP 001

DPC-228(4-84) FRONT

DIXIE PIPELINE COMPANY

PIPELINE PRESSURE TEST RECORD

DESCRIPTION

NAME OF SYSTEM OR FACILITY TESTED	DISTRICT	LOCATION		AFE NO.
DIXIE MAIN LINE CARMICHAEL STATION TO DEMOPOLIS STATION SECTION 2	WESTERN	34	571	6469
		21	573	6470

PIPE DATA

O.D. (INS.)	WALL (INS.)	GRADE	TYPE	PE SE	YLD. ST.	SEAM FAC."E"	DESIGN FAC."F"	TEMP. FAC."T"	THEORE TICAL YIELD PRESSURE	FROM STA. NO. TO STA. NO.
12.75	0.250	X-52	ERW	PE	52000	1.00	0.72	N/A	2039.2	22467+23 to
										25759+89
12.75	0.375	B	SMLS	PE	35000	1.00	0.72	N/A	2059	24851+48 to
										24859+62 (included above)

DESIGN DATA (FOR LIMITING SECTION)

CODE: ANSI: B31.4 19 79

FITTINGS:
ANSI RATING 600
WORKING PRESSURE 1440 PSI

DOT 195
TEMPERATURES: INITIAL 74° °F HIGH 83° °F LOW 74° °F FINAL 83° °F
TEST PRESSURES: 1ST 4 HRS: MINIMUM 1912 PSI MAXIMUM 1918 PSI
2ND 4 HRS: MINIMUM 1709 PSI MAXIMUM 1709 PSI
ELEVATIONS: LOW POINT -20 FT. HIGH POINT 495 FT. RECORDER 147 FT.
LOCATIONS: Inv. 24855+51 Inv. 23255+34 Inv. 25757+49

TEST DATA (SEE BACK OF FORM)

PURPOSE: INITIAL CONSTRUCTION ☐ PRETEST ☐ RETEST ☒ REPAIR OR REPLACEMENT ☐

TEST FLUID: WATER ☒ OTHER

TEST FAILURES

NO.	LOCATION	DESCRIPTION	HOW REPAIRED
9	Various	See Attached Failure Reports	Replaced

REMARKS:

Test pressure maintained at 125% MAOP for 4 hours, reduced to 110% MAOP and maintained 4 hours.

Test Section Length = 62.34 Miles

Contractor Performing Test: Milbar Hydrotest, Inc.

DOCUMENTS ATTACHED

PRESSURE CHART ☒ TEMP. CHART ☒ SKETCH OR DIAGRAM ☒ DIAGRAM # PROFILE ☒

SUMMARY OF FINAL TEST

THIS SECTION IS QUALIFIED FOR 1440 PSI MAXIMUM ALLOWABLE OPERATING PRESSURE

TEST DURATION: 8 HRS. PIPING WAS BURIED DURING TEST ☒ PIPING WAS EXPOSED & INSPECTED DURING TEST ☐

TEST SUPERVISED BY: DPC REPRESENTATIVE	CERTIFIED BY DISTRICT OR PROJECT ENGINEER	APPROVED BY DISTRICT OR PROJECT MANAGER	DATE
[redacted]			

DPC-228(4-84) BACK

DIXIE PIPELINE COMPANY

PIPELINE PRESSURE TEST RECORD

DATE OF TEST: May 5, 1984

EXTENT OF TEST: FROM STA 22467+23 TO STA 22759+89

DEAD WEIGHT TESTER DATA

DEAD WT. TESTER, MFGR.: Chandler Engineering Co. SER. NO.: 7221

CERTIFICATE OF CALIBRATION ATTACHED: YES ☐ NO ☒

IF NO, IS THE CERTIFICATE ON FILE AT THE DISTRICT? YES ☒ NO ☐

PRESSURE AND TEMPERATURE DATA

NO.	TIME	DWT PRESS PSI	TEMPERATURE °F FLUID	TEMPERATURE °F AMBIENT	REMARKS
1	7:55 AM	408		71	
2	8:25	1340		73	
3	8:55	1820		74	
4	9:06	1918		74	Begin Test
5	9:15	1916		74	
6	9:30	1915		75	
7	9:45	1915		80	
8	10:00	1915		82	
9	10:30	1914		82	
10	11:00	1914		80	
11	11:30	1913		80	
12	12:00 N	1913		80	
13	12:30 PM	1912		80	
14	1:00	1912		77	
15	1:06	1912		78	
16	1:15	1912		78	Begin Bleed Down to 1709 PSI
17	1:35	1709		78	End Bleed Down
18	2:00	1709		78	
19	2:30	1709		80	
20	3:00	1709		80	
21	3:30	1709		82	
22	4:00	1709		82	
23	4:30	1709		83	
24	5:00	1709		83	
25	5:06	1709		83	End Test
26					

Terry G. Bryant — RECORDED BY

T. G. Cloys — WITNESSED BY

May 5, 1984 — DATE

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Company

Pipe Line Description: 12" Carmichael to Demopolis

Section Tested: From: M. P. 425.5 To: M.P. 487.84

Test Section No.: 2 Test #10 Length: 62.34 miles

Type and Size of Pipe: 12" O. D. x 0.250" W.T. x Grade X 52 Manufacturer: Lone Star Steel

Pressure Unit No.: 480 and 580 Gallons per Stroke: 1.65 and 2.04 Fill Unit No.: LH 31, FP23

Pressure Unit Location: M.P. 487.84 Water Source: French Creek

Time and Date Test Started: 9:06 AM ~~PM~~ 5-5-84 Test Pressure (Maximum): 1918 First | 1709 Second PSIG
(Minimum): 1898 4-hrs. | 1689 4-hrs.

Time and Date Test Ended: 5:06 ~~AM~~ PM 5-5-84 Pressure Volume Plot: Yes ____ No ✓

Section Accepted ✓ Section Leaking ____ Section Ruptured ____

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-5-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
7:55 AM ~~PM~~	408	71°	1:06 ~~AM~~ PM	1912	78°	AM PM		
8:25	1340	73°	1:15	1912 #1	78°			
8:55	1820	74°	1:35	1709 #2	78°			
9:06	1918 ON Test	74°	2:00	1709	78°			
9:15	1916	74°	2:30	1709	80°			
9:30	1915	75°	3:00	1709	80°			
9:45	1915	80°	3:30	1709	82°			
10:00	1915	82°	4:00	1709	82°			
10:30	1914	82°	4:30	1709	83°			
11:00	1914	80°	5:00	1709	83°			
11:30	1913	80°	5:06	1709 OFF Test	83°			
12:00 P.M.	1913	80°						
12:30	1912	80°						
1:00	1912	77°						

Strokes per 10 psi: ____ Remarks: #1 Begin Bleed down to lower pressure. #2 End Bleed down.

Milbar Supt. [redacted] Inspector [redacted]

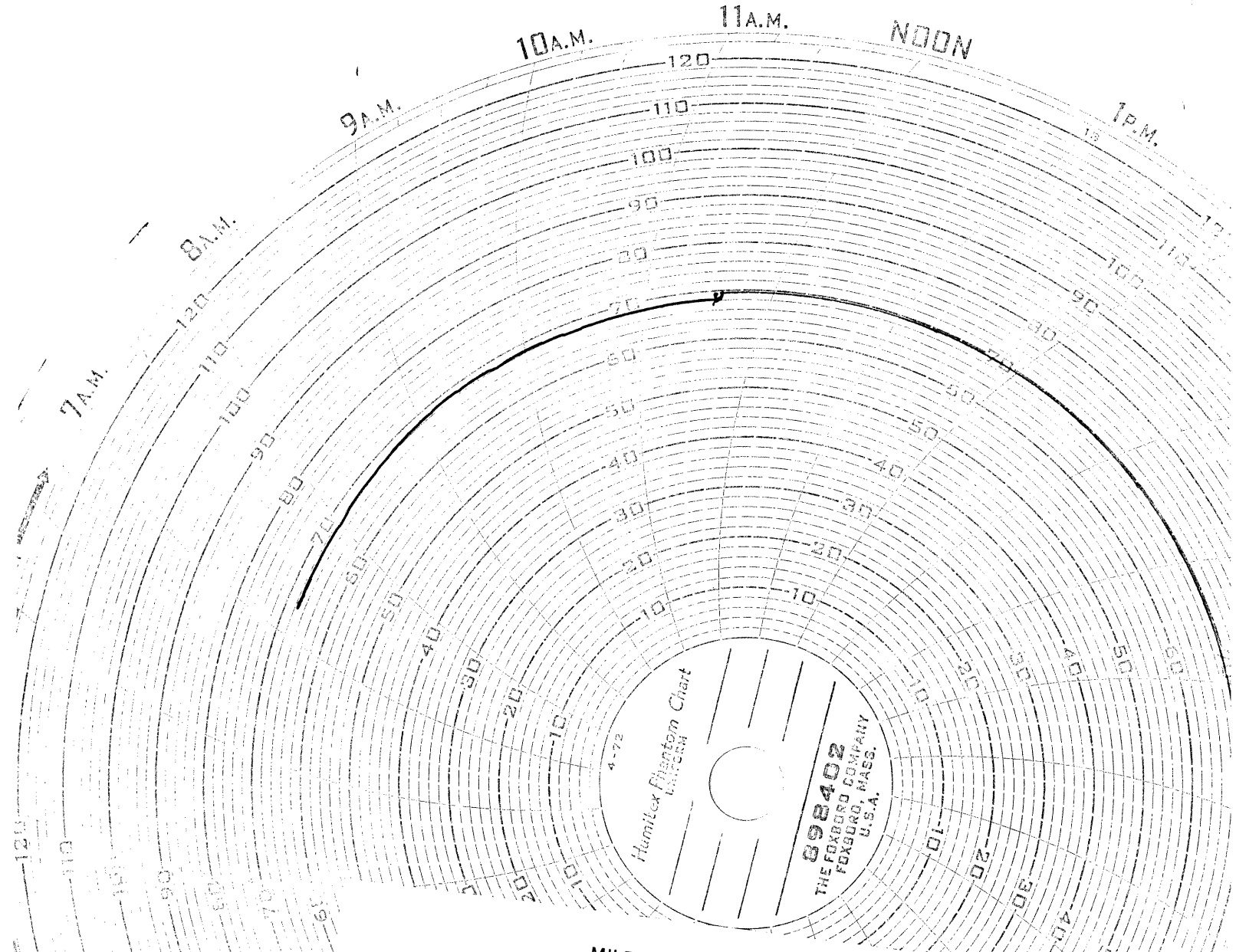
Witness: 1. ____ 2. ____

Gauges and Recorders Last Tested Jan. 3, 1984 Deadweight Serial No. 7221
Press. Rec. S/N. 1899611
Temp. Rec. S/N 3140357

MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart: Rec. S/No. 1899611

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Demopolis Test Section #2 Test #10
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location M.P. 487.84 Test Medium Water
6. Test Start: 5-5-84 Time: 9:06 A.M. D.W. Press. 1918
   Test Stop: 5-5-84 Time: 5:06 P.M. D.W. Press. 1709
7. Data Taken By: [redacted]
8. Witnessed By:



MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart: Rec. S/No. 3140357

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Demopolis Test Section #2 Test #10
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location M.P. 487.84 Test Medium Pipe Temp
6. Test Start: 5-5-84 Time: 9:06 A.M. D.W. Press. 1918
   Test Stop: 5-5-84 Time: [redacted] D.W. Press. 1709
7. Data Taken By [redacted]
8. Witnessed By: [redacted]

CHANDLER ENGINEERING COMPANY

7707 EAST 38th STREET • TULSA, OKLAHOMA 74145 • CABLE ADDRESS — CHANDLER TULSA

MANUFACTURERS OF PHYSICAL PROPERTY MEASURING INSTRUMENTS

DEAD WEIGHT CALIBRATION CERTIFICATE

DATE December 30, 1983

TYPE #2-1 High Pressure Tester

FOR Milbar Hydro-Test, Inc.

RANGE 50 - 3000 psig

ADDRESS Shreveport, Louisiana

SERIAL NUMBER 7221

CUSTOMER EQUIPMENT #

PISTON AREA .01304 sq. in.

CUSTOMER ORDER #

PRESSURE STANDARDS REFERENCED TO P-7223 CALIBRATED BY BUREAU OF STANDARDS (NATIONAL BUREAU OF STANDARDS FILE 221.07/2210607)

Indicated PSI	Actual Weight Grams	Theoretical Weight Grams	Actual PSI **
500A	2790.6	2790.6	500.01
500B	2790.8	"	500.04
500C	2790.5	"	499.99
500D	2790.9	"	500.06
500E	2788.8	"	499.69
100 A	558.08	558.11	99.995
100 B	558.09	"	99.996
100 C	558.03	"	99.986
100 D	558.02	"	99.984
50	279.03	279.06	49.996
10A	55.803	55.811	9.9986
10 B	55.791	"	9.9964
10 C	55.804	"	9.9987
10 D	55.790	"	9.9962
5	27.907	27.907	5.0003
2 A	11.165	11.162	2.0005
2 B	11.161	"	1.9998
1	5.577	5.581	.9927
Piston, Table & Guide (50)	279.07	279.06	50.003

* Based on Standard Gravity and 25°F (77°F)

FORM 5010

ATTESTED BY [redacted]

ROBERT H. RAYLESS

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Co.

Pipe Line Description: 12" Carmichael to Demopolis

Section Tested: From: M.P. 425.5 To: M.P. 487.84

Test Section No.: 2 Test #1 Length: 62.34 miles

Type and Size of Pipe: 12" O. D. x 0.250" W.T. x Grade X52 Manufacturer: Lone Star Steel

Pressure Unit No.: 480 Gallons per Stroke: 1.65 Fill Unit No.: LH31, FP23

Pressure Unit Location: M.P. 487.84 Water Source: French Creek

Time and Date Test Started: AM PM Test Pressure (Maximum): 1918 First | 1709 Second PSIG
(minimum): 1898 4-hrs | 1689 4-hrs.

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking Section Ruptured ✓

DEADWEIGHT RECORDED READING (PSIG)

Date: 4-26-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
3:57 ~~AM~~ PM	520	77°	AM PM			AM PM		
4:30	870	78°						
5:00	1250	75°						
5:30	1520	75°						
6:00	1750	75°						
6:21	1877	75°						
	Line Ruptured							

Strokes per 10 psi: Remarks:

Milbar Supt. [redacted] Inspector [redacted]

Witness: 1. 2.

Gauges and Recorders Last Tested Jan 3, 1984 Deadweight Serial No. 7221
Press. Rec. S/N 1899611
Temp. Rec. S/N 3140357

MILBAR
HYDRO-TEST INCORPORATED
Box 7701 • Shreveport, Louisiana 71107 • Phone 318/227-8210

HYDROSTATIC TESTING
STROKE/PRESSURE DATA SHEET

TEST SEGMENT 2 Test #1 M.P. ~~STATION~~ 425.5 TO 487.84 DATE 4-26-84

BEGIN
TIME 5:28 P.M.
PRESSURE 1500

PRESSURE UNIT NO. 480

END
TIME
PRESSURE

PRESSURE	STROKES	PRESSURE	STROKES	PRESSURE	STROKES
1500	7103	40	8907		
10	7178	50	8991		
20	7249	60	9063		
30	7328	70	9146		
40	7403	80	9216		
50	7486	90	9286		
60	7561	1800	9362		
70	7635	10	9438		
80	7712	20	9516		
90	7786	30	9592		
1600	7860	40	9670		
10	7933	50	9749		
20	8009	60	9820		
30	8085	70	9906		
40	8161	1877	9960		
50	8237		Line Ruptured		
60	8313				
70	8385				
80	8460				
90	8535				
1700	8610				
10	8685				
20	8758				
30	8832				

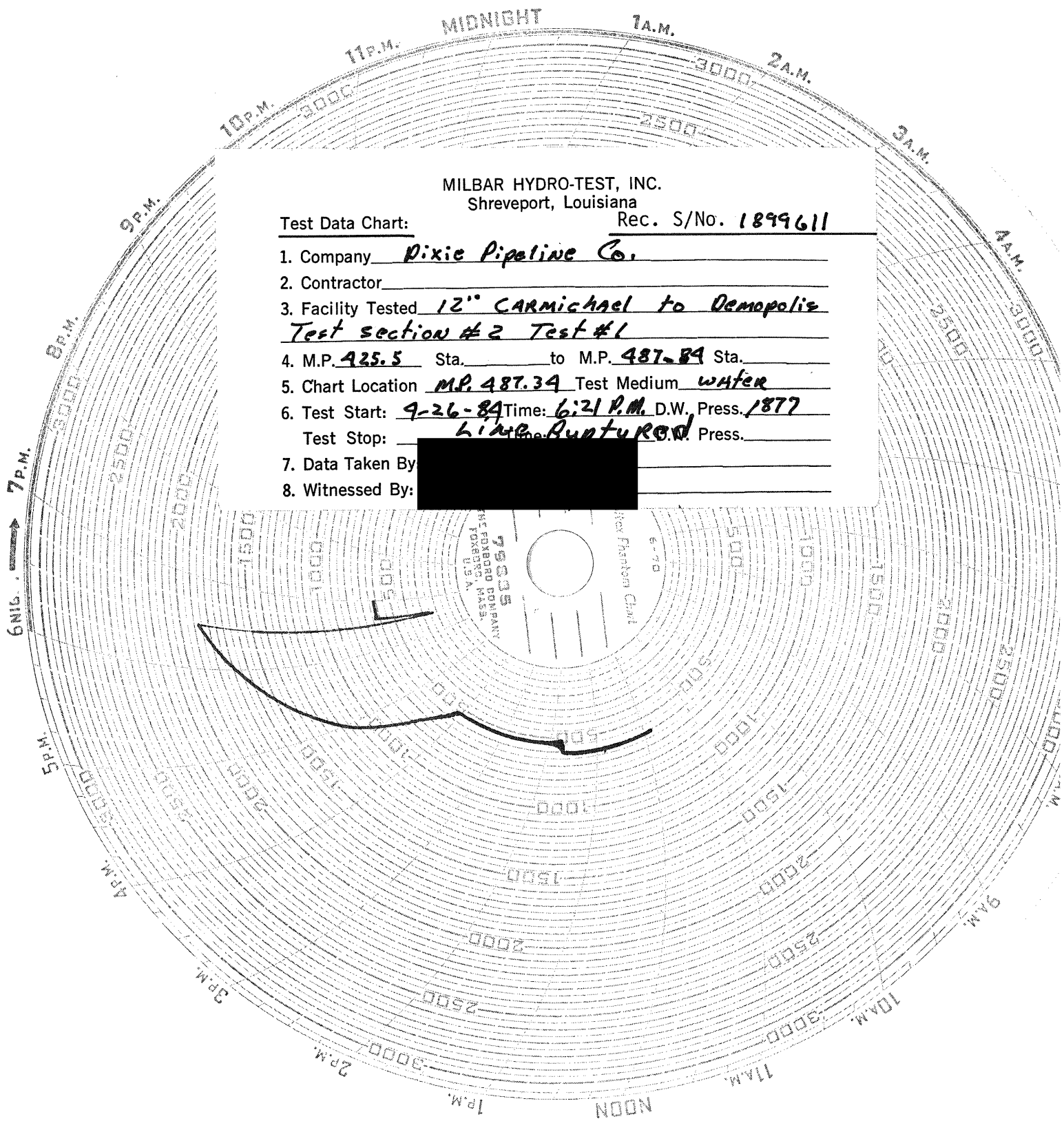
Dixie Pipeline [redacted]

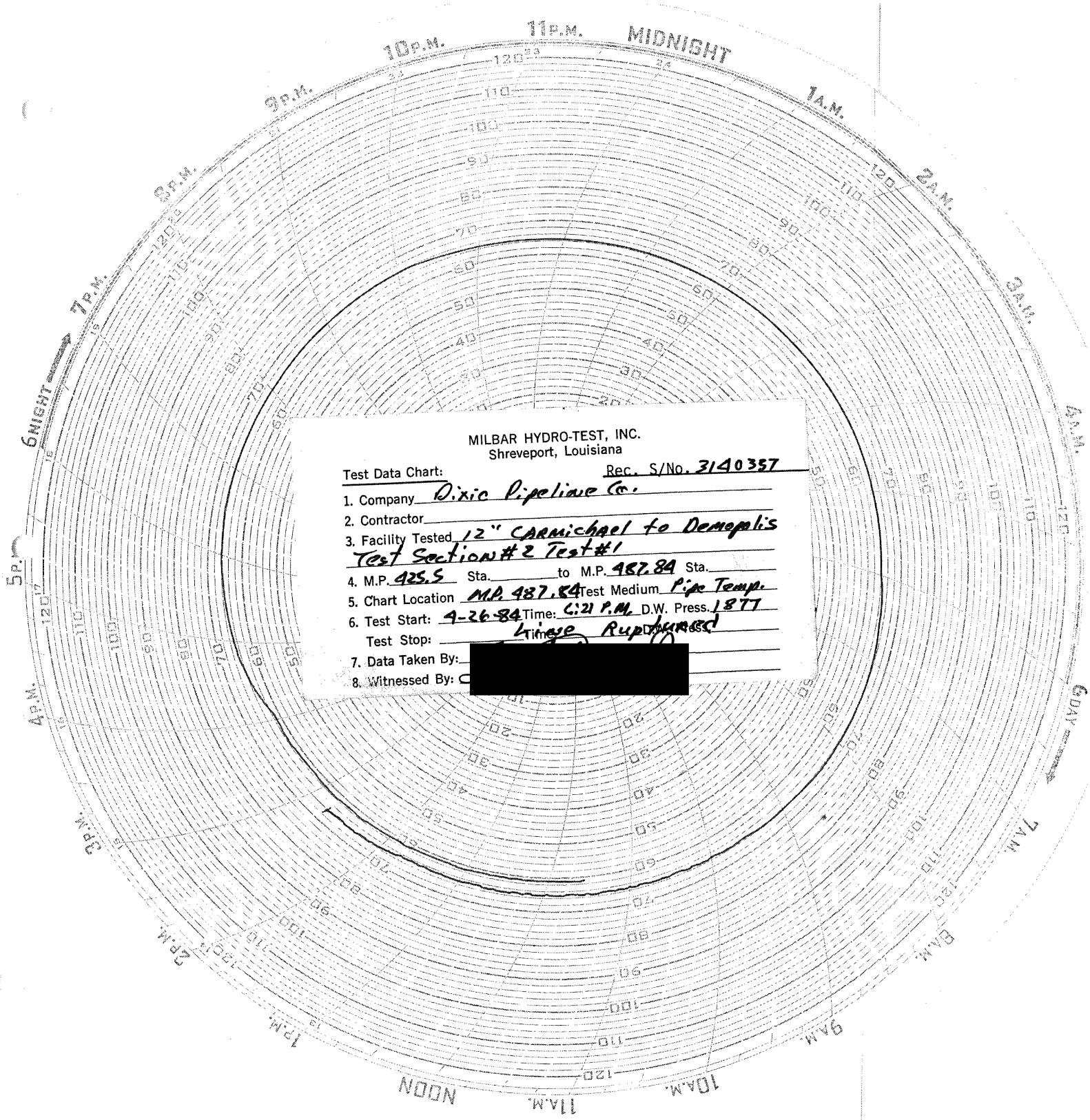
CONTRACTOR _____ MILBAR HYDRO-TEST, INC. [redacted]

MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart: Rec. S/No. 1899611

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" CARMichael to Demopolis Test section #2 Test #1
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location M.P. 487.34 Test Medium water
6. Test Start: 9-26-84 Time: 6:21 P.M. D.W. Press. 1877
   Test Stop: Line Ruptured Time: D.W. Press.
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]




MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana
Test Data Chart:
Rec. S/No. 3140357
1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" CARMICHAEL to Demopolis
Test Section #2 Test #1
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location M.P. 487.84 Test Medium Pipe Temp.
6. Test Start: 4-26-84 Time: 6:21 P.M. D.W. Press. 1877
Test Stop: Time Ruptured D.W. Press.
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]
MIDNIGHT
NOON
6 NIGHT
6 DAY

MILBAR
HYDRO-TEST INCORPORATED
Box 7701 • Shreveport, Louisiana 71107 • Phone 318/227-8210

HYDROSTATIC TESTING
STROKE/PRESSURE DATA SHEET

TEST SEGMENT 2 Test #2 M.P. ~~STATION~~ 425.5 TO 487.84 DATE 4-27-84

BEGIN
TIME 3:30 P.M.
PRESSURE 1200

END
TIME
PRESSURE

PRESSURE UNIT NO. 480

PRESSURE	STROKES	PRESSURE	STROKES	PRESSURE	STROKES
1200	5633				
1250	6015				
1300	6384				
1350	6757				
1400	7128				
1450	7510				
1500	7885				
1550	8266				
1600	8642				
1650	9021				
1700	9394				
1750	9778				
1800	10156				
1850	10536				
1860	10,610				
1870	10,685				
1880	10,758	Line			
1890		Ruptured			
1900					
1910					
1918					

Dixie Pipeline [redacted]

CONTRACTOR _____ MILBAR HYDRO-TEST, INC. [redacted]

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Co.

Pipe Line Description: 12" Carmichael to Demopolis

Section Tested: From: M.P. 425.5 To: MP 487.84

Test Section No.: 2 Test #2 Length: ~~62.84~~ 62.34 miles

Type and Size of Pipe: 12" O. D. x 0.250" W.T. x Grade X52 Manufacturer: Lone Star Steel

Pressure Unit No.: 486 Gallons per Stroke: 1.65 Fill Unit No.: FP23 LH31

Pressure Unit Location: MP 487.84 Water Source: French Creek

Time and Date Test Started: AM PM Test Pressure (Maximum): 1918 First 4 hrs. | 1709 Second 4 hrs PSIG

(minimum): 1898 | 1689

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking Section Ruptured ✓

DEADWEIGHT RECORDED READING (PSIG)

Date: 4-27-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
2:30 AM PM	460	87°	AM PM			AM PM		
3:00	870	85°						
3:30	1200	82°						
4:00	1480	80°						
4:30	1740	80°						
4:56	1880	Line Ruptured						

Strokes per 10 psi: Remarks:

Milbar Supt [redacted] Inspector [redacted]

Witness: 1. 2.

Gauges and Recorders Last Tested Deadweight Serial No. 7221

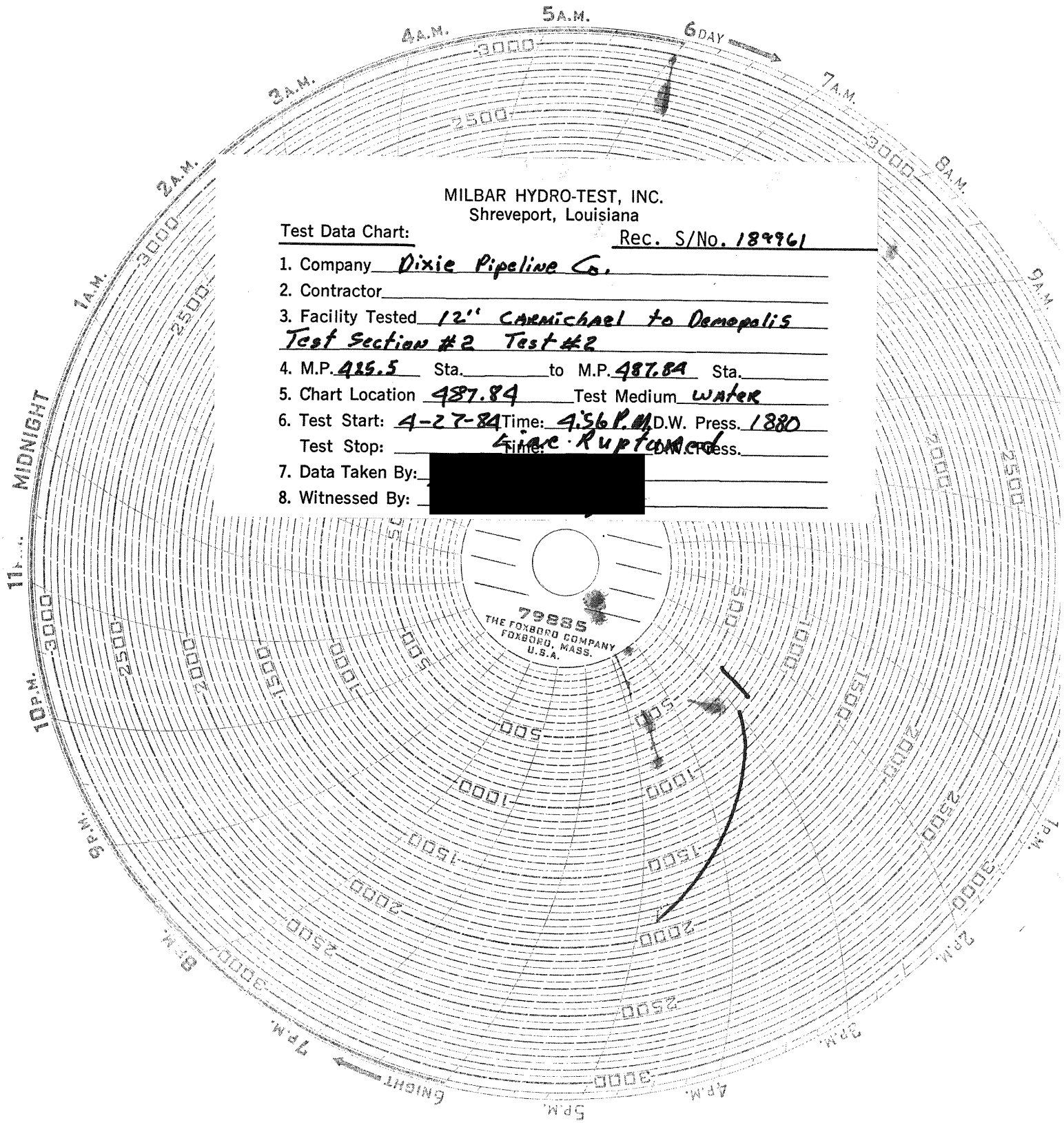
Press. Rec. S/N 189961

Temp. Rec. S/N 3140357

MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart: Rec. S/No. 189961

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Demopolis Test Section #2 Test #2
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location 487.84 Test Medium water
6. Test Start: 4-27-84 Time: 4:56 P.M. D.W. Press. 1880
   Test Stop: Time: Line Ruptured D.W. Press.
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]



MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart: Rec. S/No. 3140357

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Demopolis Test Section #2 Test #2
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location M.P. 487.84 Test Medium Pipe Temp.
6. Test Start: 4-27-84 Time: 4:56 P.M. D.W. Press. 1880
   Test Stop: Line Ruptured Press.
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Co.

Pipe Line Description: 12" Demopolis to Carmichael

Section Tested: From: M.P. 425.5 To: M.P. 487.84

Test Section No.: 2 Test #3 Length: 62.34 Miles

Type and Size of Pipe: 12" O. D. x 0.250" W.T. x Grade 52 Manufacturer: Lone Star Steel

Pressure Unit No.: 480 Gallons per Stroke: 1.65 Fill Unit No.: LH31, FP23

Pressure Unit Location: M.P. 487.84 Water Source: French Creek

Time and Date Test Started: AM PM Test Pressure (Maximum): 1918 First 1709 Second PSIG
(minimum) 1898 A.Hrs. 1689 4 hrs.

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking Section Ruptured ✓

DEADWEIGHT RECORDED READING (PSIG)

Date: 4-28-89

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
10:00 AM PM	450	84°	AM PM			AM PM		
10:30	870	84°						
11:00	1250	85°						
11:30	1450	85°						
12:00	1670	84°						
12:25	1877	84°						
	Line Ruptured							

Strokes per 10 psi: Remarks:

Milbar Supt. [redacted] Inspector [redacted]

Witness: 1. 2.

Gauges and Recorders Last Tested JAN 3, 1984 Deadweight Serial No. 7221

Press. Rec. S/N 1899611

Temp. Rec. S/N 3140357

MILBAR
HYDRO-TEST INCORPORATED
Box 7701 • Shreveport, Louisiana 71107 • Phone 318/227-8210

HYDROSTATIC TESTING
STROKE/PRESSURE DATA SHEET

TEST SEGMENT 2 Test #3 M.P. ~~STATION~~ 425.5 TO 487.84 DATE 4-28-84

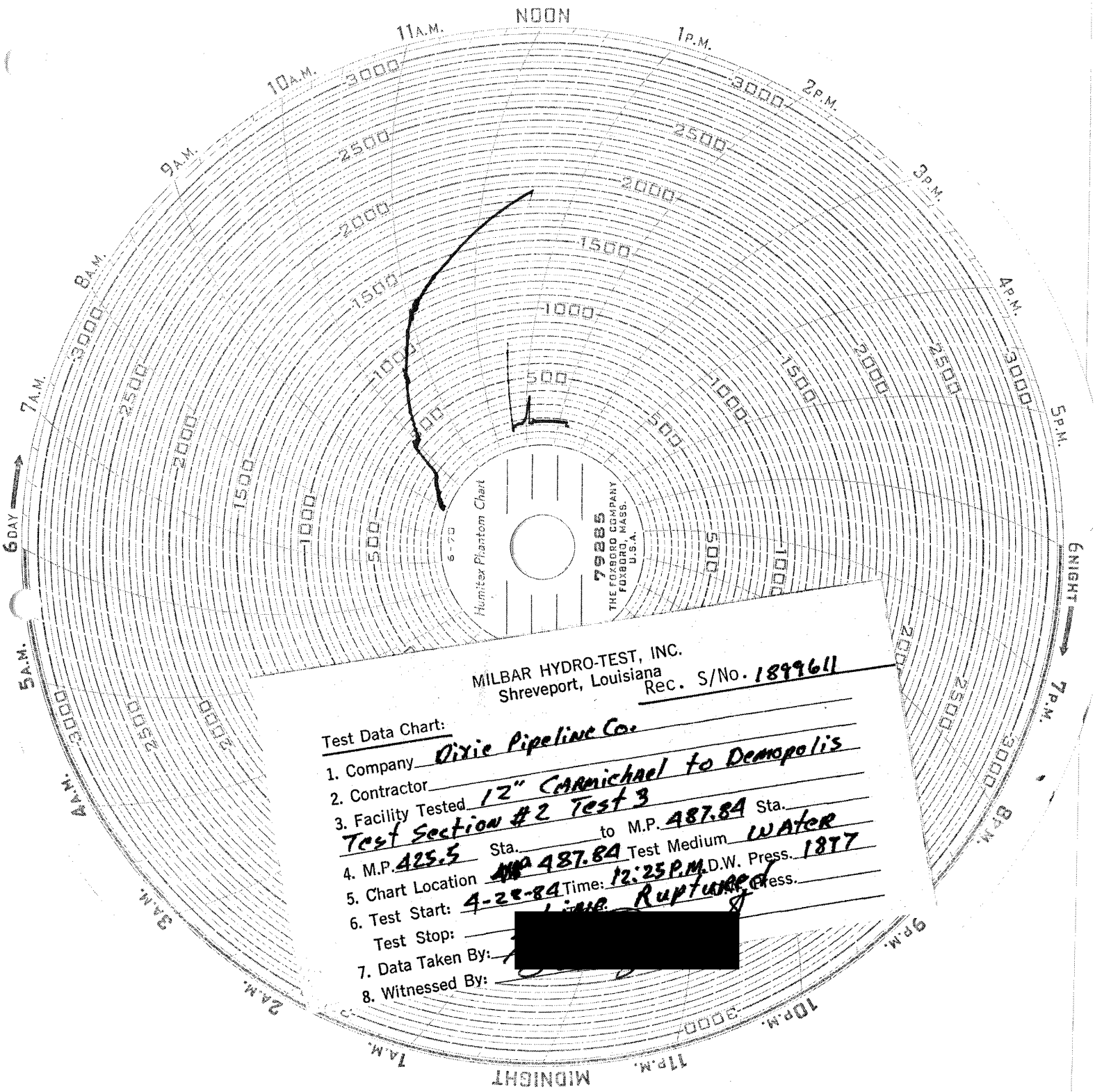
BEGIN
TIME 10:55
PRESSURE 1200 PRESSURE UNIT NO. 480

END
TIME
PRESSURE

PRESSURE	STROKES	PRESSURE	STROKES	PRESSURE	STROKES
1200	5665				
1250	6036				
1300	6418				
1350	6790				
1400	7149				
1450	7539				
1500	7921				
1550	8301				
1600	8680				
1650	9059				
1700	9437				
1750	9815				
1800	10195				
1850	10575				
1860	10650				
1870	10724				
~~1880~~ 1877	10774	Line			
1890		Ruptured			
1900					
1910					
1918					

Dixie Pipeline [redacted]

CONTRACTOR _____ MILBAR HYDRO-TEST, INC. [redacted]



MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Rec. S/No. 189961

Test Data Chart:

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Demopolis Test Section #2 Test 3
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location 487.84 Test Medium Water
6. Test Start: 4-28-84 Time: 12:25 P.M. D.W. Press. 1877
   Test Stop: Time: Ruptured Press.
7. Data Taken By: [redacted]
8. Witnessed By:

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Co.

Pipe Line Description: 12" Oamopolis to Carmichael

Section Tested: From: M.P. 425.9 To: M.P. 487.84

Test Section No.: 2 Test #4 Length: 62.34 miles

Type and Size of Pipe: 12" O. D. x 0.250 W.T. x Grade X 52 Manufacturer: Lone Star Steel

Pressure Unit No.: 480 Gallons per Stroke: 0.65 Fill Unit No.: LH 31, FP23

Pressure Unit Location: MP 487.84 Water Source: French Creek

Time and Date Test Started: AM PM Test Pressure (Maximum): 1918 First | 1709 Second PSIG

(Minimum): 1898 4-hrs. | 1689 4-hrs.

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking Section Ruptured ✓

DEADWEIGHT RECORDED READING (PSIG)

Date: 4-29-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
3:45 AM PM	460	67°	AM PM			AM PM		
4:15	810	67°						
4:45	1060	66°						
5:15	1290	67°						
5:45	1510	67°						
6:15	1760	66°						
6:30	1887	66°						
	Line Ruptured							

Strokes per 10 psi: Remarks:

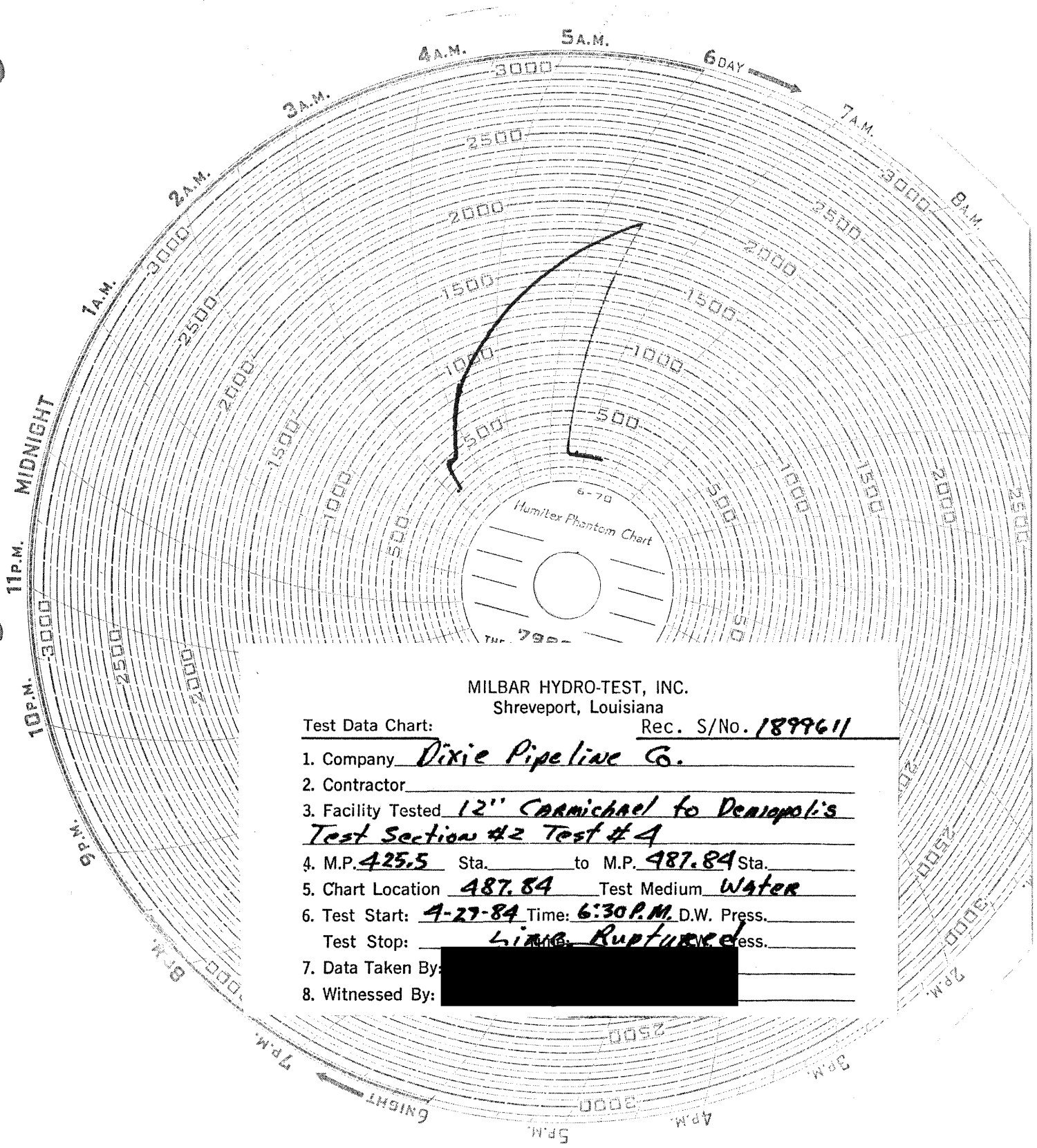
Milbar Supt. [redacted] Inspector [redacted]

Witness: 1. 2.

Gauges and Recorders Last Tested Jan 4, 1984 Deadweight Serial No. 7221

Press. Rec. S/N. 189961

Temp. Rec. S/N 3140357



MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart: Rec. S/No. 1899611

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Demopolis Test Section #2 Test #4
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location 487.84 Test Medium Water
6. Test Start: 4-27-84 Time: 6:30 P.M. D.W. Press.
   Test Stop: Line Ruptured D.W. Press.
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Co.

Pipe Line Description: 12" Carmichael to Demopolis

Section Tested: From: M.P. 425.5 To: M.P. 487.84

Test Section No.: 2 Test #5 Length: 62.34 miles

Type and Size of Pipe: 12" O. D. x 0.250" W.T. x Grade X52 Manufacturer: Lone Star Steel

Pressure Unit No.: 480 Gallons per Stroke: 1.65 Fill Unit No.: GH 31, FP23

Pressure Unit Location: M.P. 487.84 Water Source: French Creek

Time and Date Test Started: AM PM Test Pressure (Maximum): 1918 First | 1709 Second PSIG
1898 4-hrs. | 1689 4-hrs.

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking Section Ruptured ✓

DEADWEIGHT RECORDED READING (PSIG)

Date: 4-29-84

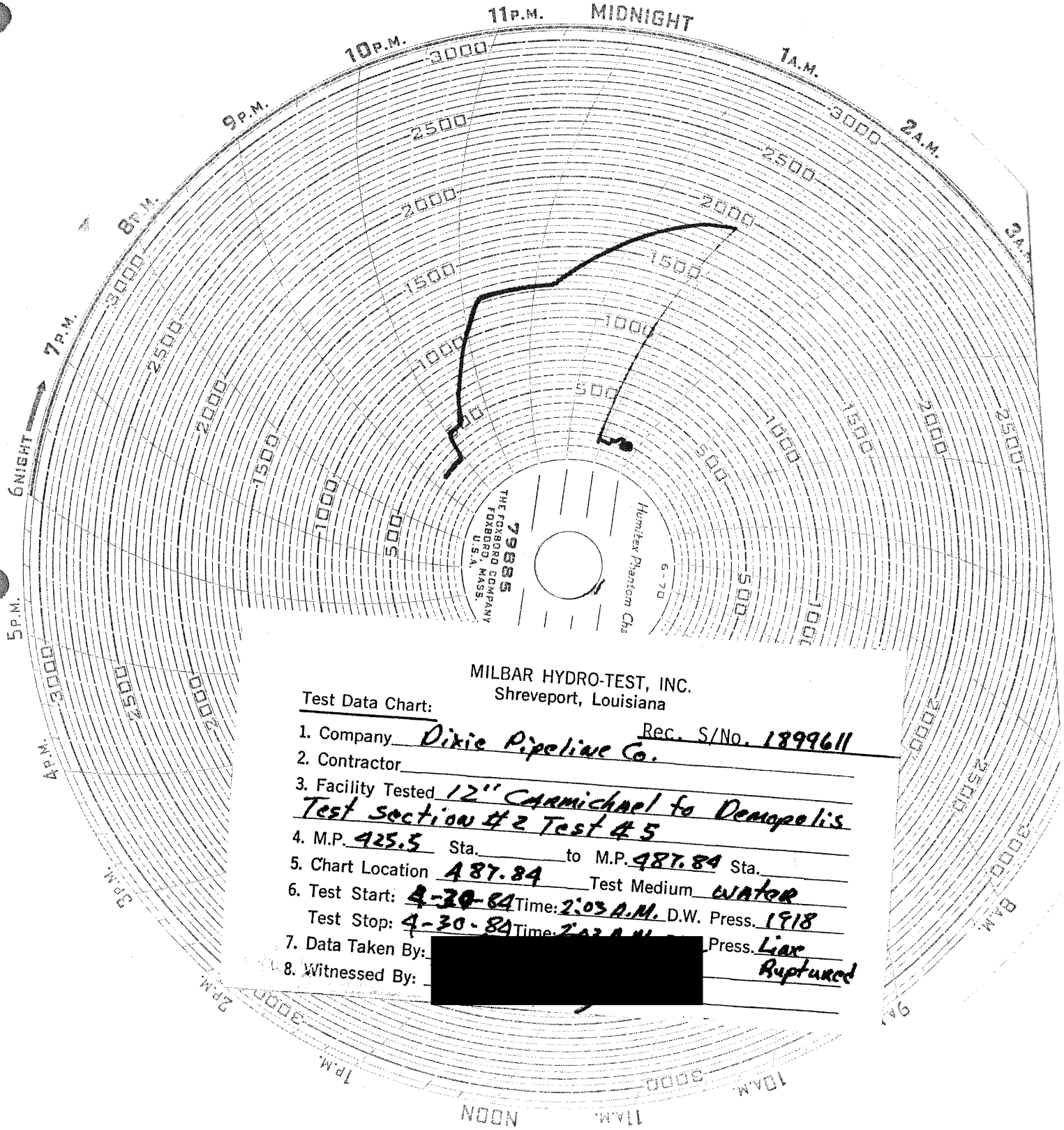
TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
10:30 AM PM	470		AM PM			AM PM		
11:20	1240 #1							
12:25 A.M.	1240 #2							
12:55 4/	1450							
2:03 30	1918							
2:08	1918							

Strokes per 10 psi: Remarks: #1 Shut down and moved low head pump due to flooding. #2 Restart Pressureing.

Milbar Supt. [redacted]

Witness: 1. 2.

Gauges and Recorders Last Tested Jan 4, 1984 Deadweight Serial No. 7221
Press. Rec. S/N 1899611
Temp. Rec. S/N 3140357



MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart:

Rec. S/No. 1899611

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Demopolis Test section #2 Test #5
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location 487.84 Test Medium WATER
6. Test Start: 4-30-84 Time: 2:03 A.M. D.W. Press. 1918
   Test Stop: 4-30-84 Time: [illegible] Press. Line Ruptured
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Co.

Pipe Line Description: 12" Carmichael to Demopolis

Section Tested: From: M.P. 425.5 To: M.P. 487.84

Test Section No.: 2 Test #6 Length: 62.34 miles

Type and Size of Pipe: 12" O. D. x 0.250" W.T. x Grade X52 Manufacturer: Lone Star Steel

Pressure Unit No.: 480 Gallons per Stroke: 1.65 Fill Unit No.: LH31, FP23

Pressure Unit Location: M.P. 487.84 Water Source: French Creek

Time and Date Test Started: AM PM Test Pressure (Maximum): 1998 First 1709 Second PSIG
(minimum): 1898 4-hrs. 1689 4-hr

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking Section Ruptured ✓

DEADWEIGHT RECORDED READING (PSIG)

Date: 4-30-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
10:25 AM PM	440	59°	AM PM			AM PM		
10:30	500	59°						
11:00	915	58°						
11:30	1150	58°						
12:00 A.M.	1380	56°						
12:30 5/1	1620	56°						
1:00	1780	55°						
1:33 84	1918 on test	55°						
1:34	0 line Ruptured							

Strokes per 10 psi: Remarks:

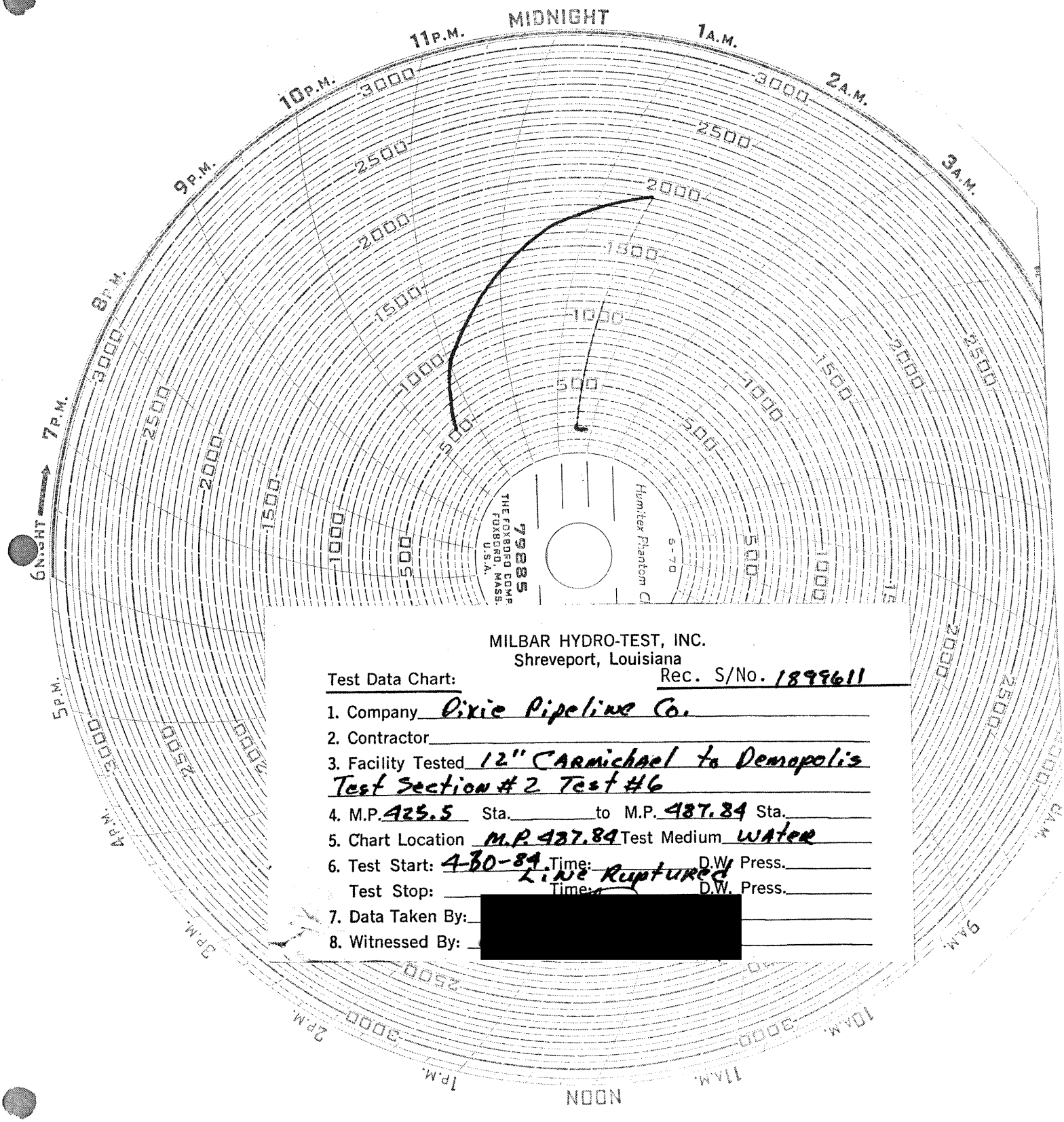
Milbar Supt. [redacted] Inspector [redacted]

Witness: 1. 2.

Gauges and Recorders Last Tested Jan 3, 1984 Deadweight Serial No. 7221

Press. Rec S/N 1899611

Temp. Rec S/N 3140357



MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart: Rec. S/No. 1899611

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Demopolis Test Section #2 Test #6
4. M.P. 425.5 Sta. to M.P. 437.84 Sta.
5. Chart Location M.P. 437.84 Test Medium Water
6. Test Start: 4-30-84 Time: D.W. Press.
   Test Stop: Line Ruptured Time: D.W. Press.
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Co.

Pipe Line Description: 12" Carmichael to Demopolis

Section Tested: From: M.P. 425.6 To: M.P. 487.84

Test Section No.: 2 Test #7 Length: 62.4 miles

Type and Size of Pipe: 12" O. D. x 0.250" W.T. x Grade X52 Manufacturer: Lone Star Steel

Pressure Unit No.: 480 and 580 Gallons per Stroke: 1.65 and 2.04 Fill Unit No.: LH31, FP23

Pressure Unit Location: M.P. 487.84 Water Source: French Creek

Time and Date Test Started: AM PM Test Pressure (Maximum): 1918 First 4-hrs. | 1709 Second 4-hrs. PSIG
1898 | 1689

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking Section Ruptured ✓

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-1-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
5:30 AM PM	420	63°	AM PM			AM PM		
6:00	930	63°						
6:30	1370	63°						
7:00	1790	61°						
7:11	1910	61						
	Line	Ruptured						

Strokes per 10 psi: Remarks:

Milbar Supt. [redacted]

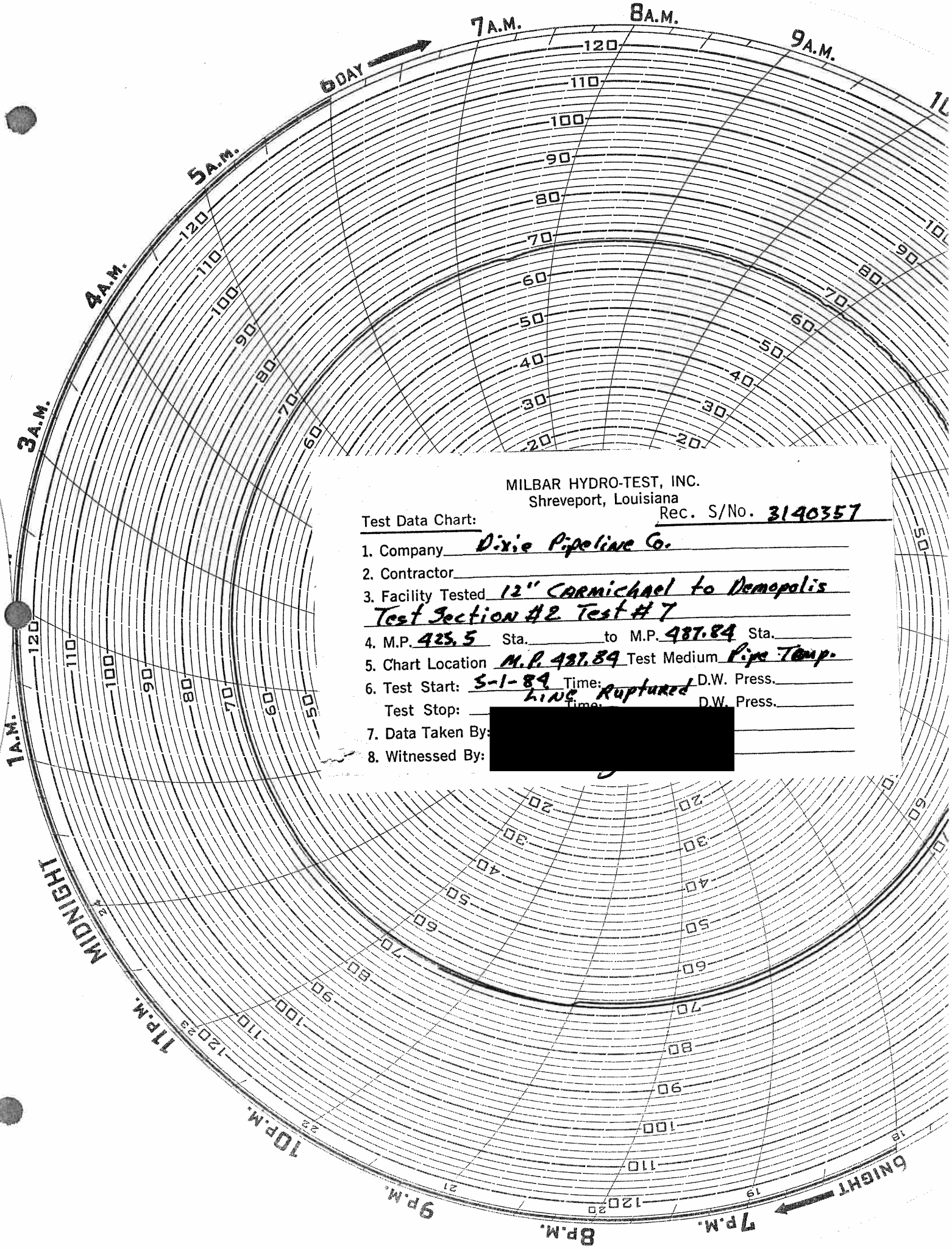
Witness: 1. 2.

Gauges and Recorders Last Tested Jan. 3, 1984 Deadweight Serial No. 7221
Press. Rec. S/N 1899611
Temp Rec. S/N 3140357

MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart: Rec. S/No. 189961

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Demopolis Test Section #2 Test #7
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location M.P. 487.84 Test Medium water
6. Test Start: Live Time Ruptured D.W. Press.
   Test Stop: 5-1-84 Time: D.W. Press.
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]


MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana
Test Data Chart:
Rec. S/No. 3140357
1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" CARMICHAEL to Demopolis
Test Section #2 Test #7
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location M.P. 487.84 Test Medium Pipe Temp.
6. Test Start: 5-1-84 Time: D.W. Press.
LINE Ruptured
Test Stop: Time: D.W. Press.
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]
DAY
MIDNIGHT
NIGHT
1A.M.
3A.M.
4A.M.
5A.M.
7A.M.
8A.M.
9A.M.
7P.M.
8P.M.
9P.M.
10P.M.
11P.M.

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Co.

Pipe Line Description: 12" Carmichael to Demopolis

Section Tested: From: M.P. 425.5 To: 487.84

Test Section No.: 2 #8 Length: 62.34 miles

Type and Size of Pipe: 12" O. D. x 0.250 W.T. x Grade X52 Manufacturer: Lone Star Steel

Pressure Unit No.: 580 480 Gallons per Stroke: 3.04 1.65 Fill Unit No.: LH31, FD23

Pressure Unit Location: M.P. 487.84 Water Source: French Creek

Time and Date Test Started: 12:20 AM ~~PM~~ 5-2-84 Test Pressure (Maximum): 1918 First | 1709 Second PSIG
(minimum): 1898 4-hrs. | 1689 4-hrs

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking Section Ruptured ✓

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-2-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
10:52 AM PM	430	72°	3:00 AM ~~PM~~	1898	70°	AM PM		
11:30	1200	72°	3:05	1918	70°			
12:00 A.M.	1770	72°	3:20	1912	70°			
12:16 5/	1918	72°	3:35	1900	70°			
12:20 3/	1918 Low Test	72°	3:46	1918	70°			
12:45 84	1900 Rep.	72°	3:50	145	70°			
12:50	1918	72°		Line Ruptured				
1:15	1898	72°						
1:26	1918	71°						
1:50	1903	70°						
1:55	1913	70°						
2:20	1898	70°						
2:26	1918	70°						
2:50	1902	70						

Strokes per 10 psi: Remarks: Repressure @ 12:45 A.M. 113 strokes

REP 1:15 AM STKS 156 Rep 1:55 AM 92 strokes Rep 2:20 AM 188 strokes skid unit

Rep 3:00 AM 189 strokes skid unit Rep 3:35 AM 1918-190 strokes skid unit

Blowout 3:50 AM

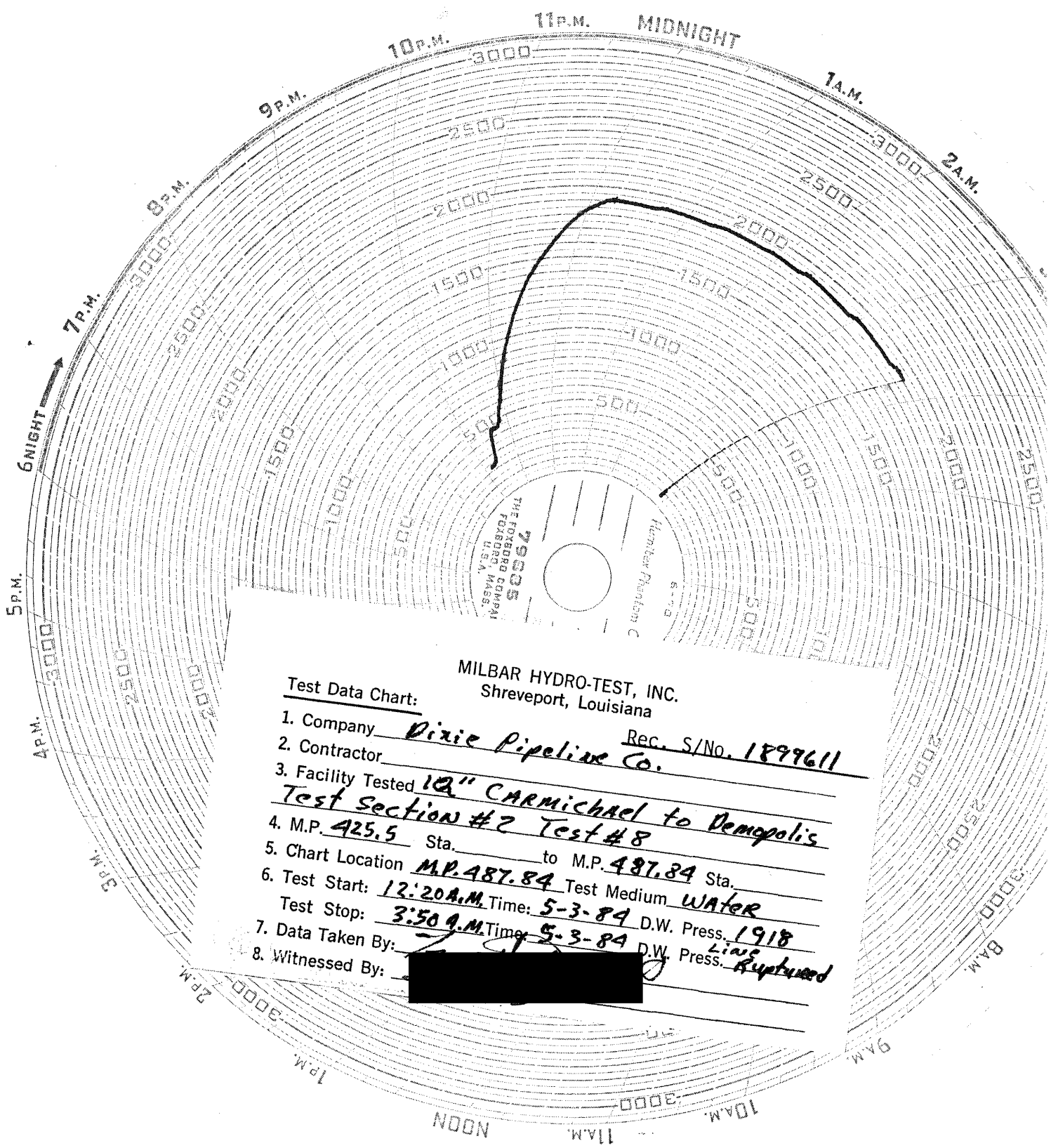
Milbar Supt [redacted]

Witness: 1. 2.

Gauges and Recorders Last Tested Jan. 3, 1984 Deadweight Serial No. 7221

Press. Rec S/N 1899611

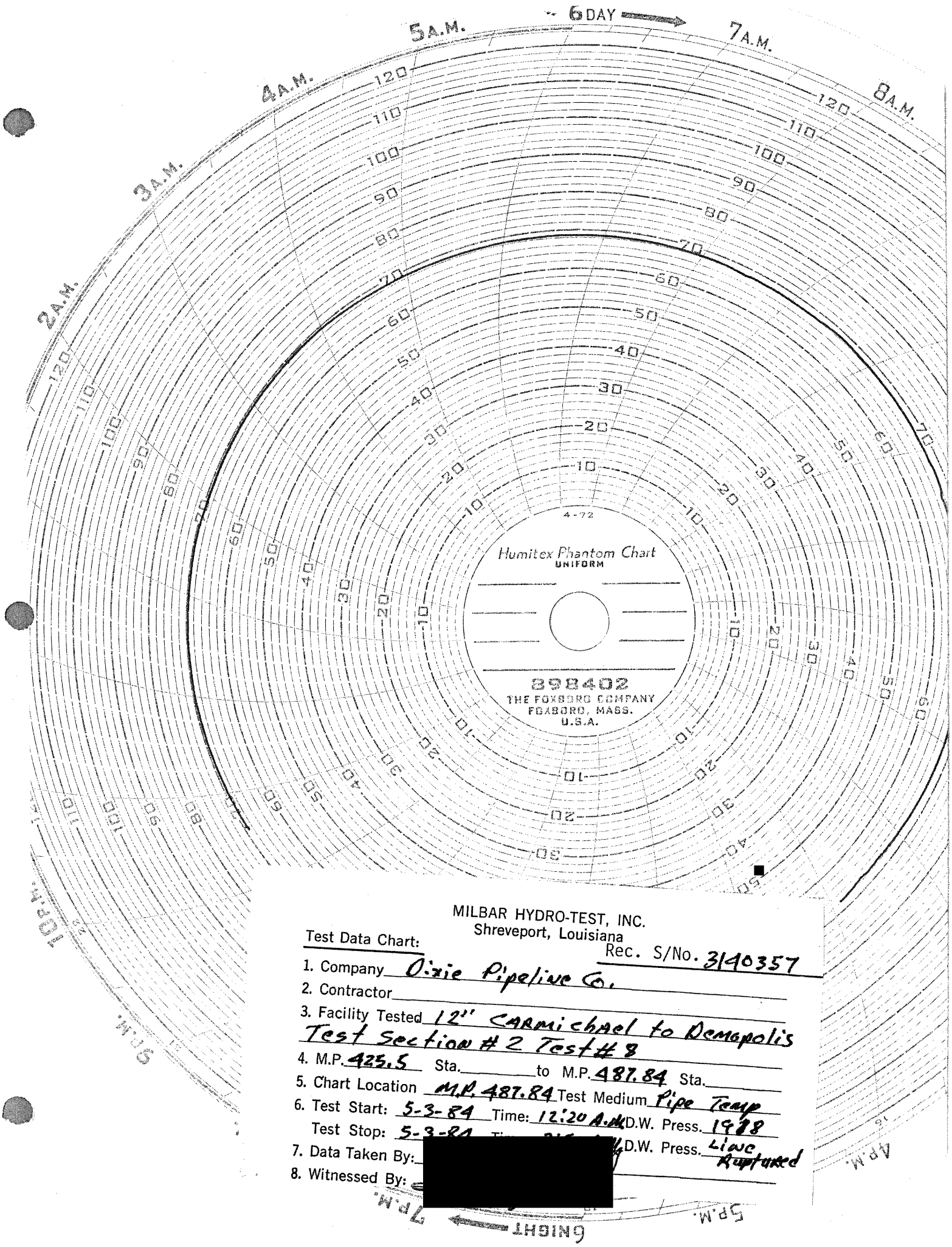
Temp Rec S/N 3190357



MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart:

1. Company Dixie Pipeline Co. Rec. S/No. 1899611
2. Contractor
3. Facility Tested 12" CARMICHAEL to Demopolis Test Section #2 Test #8
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location M.P. 487.84 Test Medium WATER
6. Test Start: 12:20 A.M. Time: 5-3-84 D.W. Press. 1918
   Test Stop: 3:50 A.M. Time: 5-3-84 D.W. Press. Line Ruptured
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]



MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart: Rec. S/No. 3140357

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Demopolis Test Section #2 Test #8
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location M.P. 487.84 Test Medium Pipe Temp
6. Test Start: 5-3-84 Time: 12:20 A.M. D.W. Press. 1988
   Test Stop: 5-3-84 [redacted] D.W. Press. Line Ruptured
7. Data Taken By: [redacted]
8. Witnessed By: [redacted]

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie PipeLine Co.

Pipe Line Description: 12" CARMICHAEL to DEMOPOLIS

Section Tested: From: M.P. 425.5 To: M.P. 487.84

Test Section No.: 2 Test #9 Length: 62.34 miles

Type and Size of Pipe: 12" O. D. x 0.250" W.T. x Grade X52 Manufacturer: Lone Star Steel

Pressure Unit No.: 580 480 Gallons per Stroke: 2.00 1.65 Fill Unit No.: LH31, FP23

Pressure Unit Location: M.P. 487.84 Water Source: FRENCH CREEK.

Time and Date Test Started: AM PM Test Pressure (Maximum): 1918 First 4-HRS | 1769 Second 4-hrs PSIG (Minimum) 1898 | 1689

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking ✓ Section Ruptured

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-3-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
AM ~~PM~~			AM ~~PM~~			AM ~~PM~~		
9:25 P.M.	430	65°	1:40	1814	61°	5:00	1672	58°
10:00	1010	65°	1:55	1801	61°	5:30	1668	58°
10:30	1500	65°	2:10	1787	61°	5:45	1667	58°
11:05	1918 on test	65°	2:25	1775	60°	6:00	1664	58°
11:19	1898 Rep.	65°	2:40	1764	60°	6:30	1900	58°
11:40	1918	65°	3:00	1745	59°	6:~~45~~ 30	1895	58°
11:55	1902	65°	3:15	1731	59°	~~7:00~~	1896	60°
12:10 AM.	1887	65°	3:30	1718	59°	7:00	1625	60°
12:25 5/4/84	1870	65°	3:45	1710	59°	7:20	1630	62°
12:40	1858	65°	4:00	1701	59°	7:30	1620	63°
12:55	1848	62°	4:15	1692	59°	7:45	1609	63°
1:10	1836	61°	4:30	1684	59°	8:00	1597	70°
1:25	1829	61°	4:45	1675	58°	8:15	1586	65°

Strokes per 10 psi: Remarks:

Re-Pres to 1900 At 6:15 psi 1664-1900-57 KS 66

Milbar Supt. [redacted] Inspector [redacted]

Witness: 1. 2.

Gauges and Recorders Last Tested JAN 3, 1984 Deadweight Serial No. 7221

PRES. REC. S/N 1899611

TEMP. REC. S/N 2[illegible]

MILBAR HYDRO-TEST, INC.

FIELD PRESSURE & TEST REPORT

Contractor or Company: Dixie Pipeline Co.

Pipe Line Description: 12" Carmichael to Demopolis

Section Tested: From: M.P. 425.5 To: M.P. 487.84

Test Section No.: 2 Test #9 Length: 62.34 miles

Type and Size of Pipe: 12" O. D. x 0.250" W.T. x Grade X52 Manufacturer: Lone Star Steel

Pressure Unit No.: ~~580~~ 480 Gallons per Stroke: ~~2.04~~ 1.65 Fill Unit No.: LH31, FP23

Pressure Unit Location: M.P. 487.84 Water Source: French Creek

Time and Date Test Started: AM PM Test Pressure (Maximum): 1918 / 1709 Second PSIG

(minimum): 1898 / 1689 4-hrs.

Time and Date Test Ended: AM PM Pressure Volume Plot: Yes No

Section Accepted Section Leaking ✓ Section Ruptured

DEADWEIGHT RECORDED READING (PSIG)

Date: 5-4-84

TIME	PRESSURE	TEMP DEG.F	TIME	PRESSURE	TEMP DEG. F	TIME	PRESSURE	TEMP DEG. F
830 AM ~~PM~~	1577	65°	AM PM			AM PM		
845	1570	67°						
9:00	1559	68°						
9:15	1549	70°						
9:30	1541	70°						
9:45	1531	68°						
10:00	1522	70°						
10:15	1516	70°						
10:30	1510	70°						
10:50	1505 Bleed	70°						
11:20	1000	72°						
11:25	1000 Bleed	74°						

Strokes per 10 psi: Remarks:

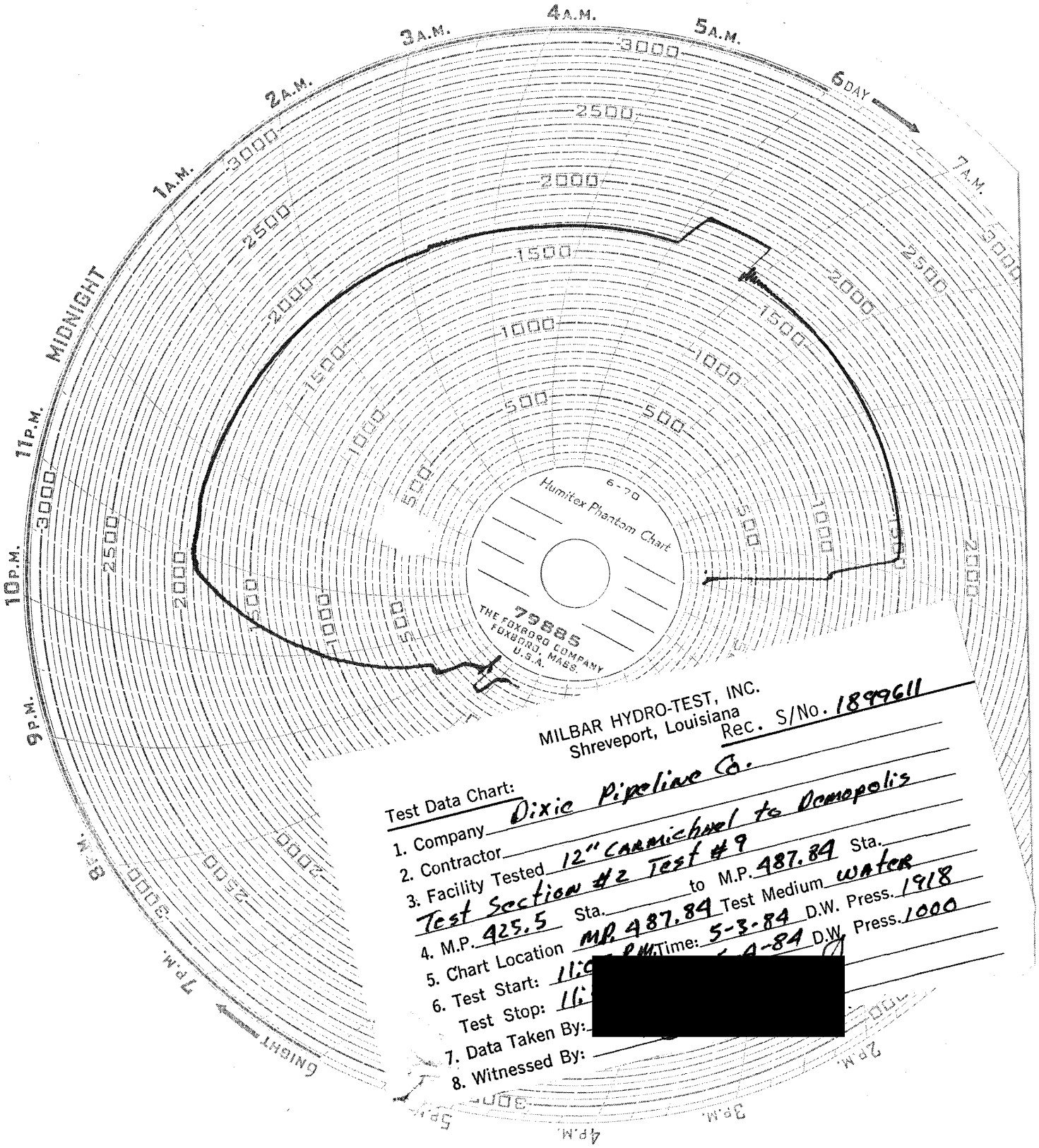
Milbar Supt. [redacted]

Witness: 1. 2.

Gauges and Recorders Last Tested JAN 3, 1984 Deadweight Serial No. 7221

Press. Rec. S/N 1899611

Temp. Rec. S/N 3140357

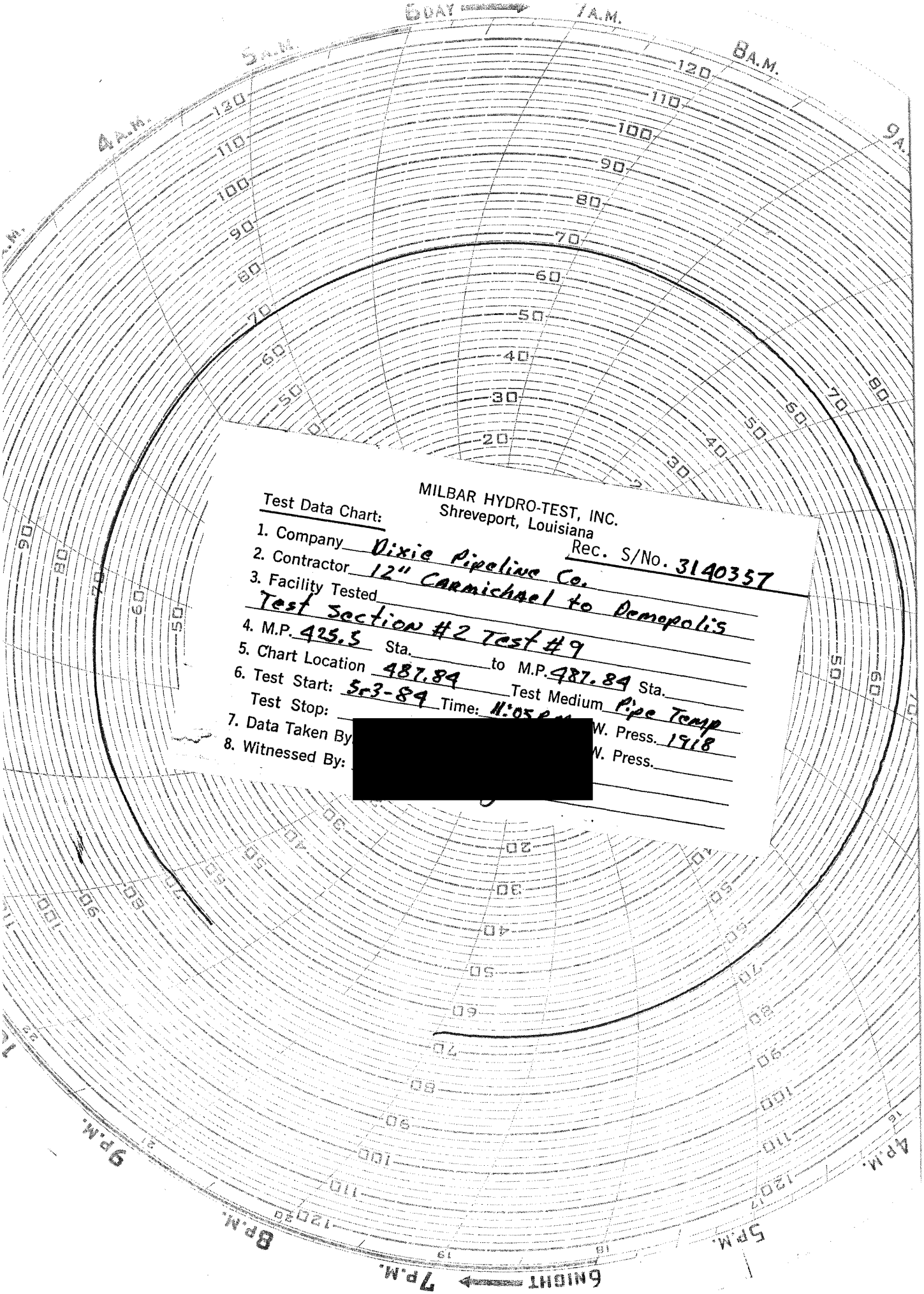


MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Rec. S/No. 1899611

Test Data Chart:

1. Company Dixie Pipeline Co.
2. Contractor
3. Facility Tested 12" Carmichael to Donopolis Test Section #2 Test #9
4. M.P. 425.5 Sta. to M.P. 487.84 Sta.
5. Chart Location MP. 487.84 Test Medium water
6. Test Start: 11:0[redacted] Time: 5-3-84 D.W. Press. 1918
   Test Stop: 11:[redacted] 5-4-84 D.W. Press. 1000
7. Data Taken By: [redacted]
8. Witnessed By:



MILBAR HYDRO-TEST, INC.
Shreveport, Louisiana

Test Data Chart: Rec. S/No. 3140357

1. Company Dixie Pipeline Co.
2. Contractor 12" Carmichael to Demopolis
3. Facility Tested Test Section #2 Test #9
4. M.P. 425.5 Sta. _____ to M.P. 487.84 Sta. _____
5. Chart Location 487.84 Test Medium Pipe Temp
6. Test Start: 5-3-84 Time: 11:05 P.M. W. Press. 1918
   Test Stop: _____ W. Press. _____
7. Data Taken By [redacted]
8. Witnessed By: [redacted]

CARMICHAEL TO DEMOPOLIS

HYDROSTATIC TEST

Event Summary

Tuesday, 4-24-84

1407 Displacement Pig #1 launched from Hattiesburg for water fill.

1430 Displacement Pig #2 launched from Hattiesburg.

Wednesday, 4-25-84

0709 Pig #1 past Carmichael Station.

0730 Pig #2 past Carmichael Station.

Thursday, 4-26-84

0257 #1 Pig in Trap at Demopolis.

0630 #2 Pig in Trap at Demopolis.

0705 Begin cut at Carmichael to separate Test Sections #1 and #2.

0900 Complete welding caps on Sections #1 and #2.

1336 Begin pressuring for Test #1.

1826 Blowout #1 at 1820 PSI at MP 429.50.

Friday, 4-27-84

1643 Begin pressuring for Test #2.

1656 Blowout #2 at 1883 PSI at MP 487.72.

Saturday, 4-28-84

0840 Repairs complete on #2.

1010 Begin pressuring for Test #3.

1231 Blowout #3 at 1875 PSI.

1415 Blowout #3 located at MP 474.98.

Sunday, 4-29-84

0020 Repairs complete on Blowout #3. Refilling began.

0620 Pressure in Section 2, Test 4 to 1800 PSI.

0631 Blowout #4 at 1887 PSI.

0907 Blowout located at MP 427.97.

2045 Repairs complete. Begin repressuring for Test #5.

2320 Pumps at French Creek must be moved due to rising water.

Monday, 4-30-84

0020 Pumps moved. Begin repressure again.

0204 Blowout #5 at 1918 PSI.

0400 Shutdown until 0600 when air patrol can fly.

0700 Pilot possibly has found leak.

0830 Confirmation of Blowout #5 at MP 462.26.

2025 Repairs complete on #5. Begin repressure for #6.

Tuesday, 5-1-84

0134 Blowout #6 at 1918 PSI.

0600 Pilot at Hattiesburg enroute to Section 2.

0922 Blowout located at MP 462.56.

Tuesday, 5-1-84 continued

1445 Repairs Complete on #6.

1525 Begin pumping for Test #7.

1912 Blowout #7 at 1910 PSI.

2100 Blowout #7 isolated between Highway 10 and W/S river. Shutdown until 0500.

Wednesday, 5-2-84

1305 Blowout #7 located at MP 462.66.

2030 Repairs completed on Blowout #7.

2050 Begin refill for Test #8.

Thursday, 5-3-84

0020 On test at 1918 PSI.

0350 Blowout #8 at 1918 PSI. Close Valves. Shutdown until daylight.

0930 Pilot located Blowout #8 at MP 475.21.

1950 Repairs complete. Refill begun for Test #9.

2120 All valves open, pressure pumps on at 2115.

2305 Test Pressure 1918 reached.

Friday, 5-4-84

0140 Slow pressure drop, leaking 1 PSI per minute.

1030 Located slow leak at stopple fitting at MP 460.50. Crew to cut out and remove all fittings.

Saturday, 5-5-84

0230	Repairs complete - all old fittings removed.
0640	Begin line fill for Test #10.
0700	Start pressure pumps for Test #10.
0906	Section 2 on Test 10 at 1918 PSI.
1315	Begin Bleed down to 1709 PSI.
1715	Section 2 Test Complete and Accepted.

TGC:sdj

HYDROSTATIC TEST FAILURES

Section 2

Section Tested: Carmichael to Demopolis

NO.	DATE	TIME	LINE	MP-STA.	PRESSURE	TYPE	REMARKS
1	04-26-84	1820		429.40	1877	Split Seam	Replaced 59'-3"
2	04-27-84	1656		487.72	1880	Split Seam	Replaced 58'
3	04-28-84	1231		474.98	1877	Split Seam	Replaced 59'-4"
4	04-29-84	0631		427.97	1887	Split Seam	Replaced 108'
5	04-30-84	0206		462.25	1918	Split Seam	Replaced 59'-8"
6	05-01-84	0134		465.56	1918	Split Seam	Replaced 44'-6"
7	05-02-84	1913		462.66	1910	Split Seam	Replaced 39'
8	05-03-84	0350		475.21	1915	Split Seam	Replaced 60'-3"
9	05-04-84	1125		460.50	1505	Seeping Fitting	Cut out 3 fittings Replaced 75'

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From Carmichael To Demopolis

FAILURE NO. IN SECTION 1 FAILURE NO. OVERALL _____

DATE 4-26-84 TIME 1820 LINE _____

LOCATION MP 429.49 Clarke County, Mississsippi. Inventory #22676+70

PRESSURE AT RECORDER, PSIG 1877 RECORDER LOCATION Demopolis EL 147

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1802

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 12'

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR All

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12.75 W.T. 0.250" MFG. American GRADE API5LX-52

LENGTH 59'-3" DATE REPAIRED 4-27-84

REMARKS: _____

FORM 10501—N 2—78

F, RE & C

City

Copies

From

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Eastern District	B. J. Schlager

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye; state whether right or left)

Name and Address of Physician | Telephone No.

Take Home or to Hospital ☐ ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address

[redacted]

Telephone No.

Nature and extent of damage Section 2, Leak #1

Damage limited to surface and pasture grass. Field road re-graded and field area re-seeded, fertilized. No claim indicated. Mr. Rolison extremely cooperative.

THE ACCIDENT

Date of accident or construction: April 26 1984, Hour AM ☐ PM ☐

Charge: AFE 6469

Estimated Cost of Replacement or repair $

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): MP 429.49, Inv. #22676+99

County and/or Company Property No.: Clark Co. Tract 8 & 9

What work or business was being done there: Hydrostatic test of pipeline. Excavate, repair, backfill

Nature and cause of accident or construction (Describe fully)

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made: No

Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name | Address | Telephone No.

T. G. Cloys | Dixie Pipeline Co. | 404-396-2994

1140 Hammond Dr.

Atlanta, GA 30328

This report made out by: T. G. Cloys

Address (Street & No.): Above

City & State

Telephone No.

Position: Pipeline Engineer

Date: May 14, 1984

[redacted]

Form 972-S 9-82

SECTION TESTED: From Carmichael To Demopolis

FAILURE NO. IN SECTION 2 FAILURE NO. OVERALL _____

DATE 4-27-84 TIME 1656 LINE _____

LOCATION MP 487.72, Marengo County, Alabama. Inventory #25751+78

PRESSURE AT RECORDER, PSIG 1880 RECORDER LOCATION Demopolis EL 147

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1880

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 8'

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12 3/4 W.T. 0.250 MFG. American GRADE API5L-X52

LENGTH 58'0" DATE REPAIRED 4-28-84

REMARKS: _____

FORM 10501-N 2-78

Original & 1 copy to Region Office
PT, RE & C

City _____
Copies _____
From _____

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

OPERATOR

Company	Group/Corporate Staff	Division	Supt.
Dixie Pipeline Co.		Eastern District	B. J. Schlager

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home or to Hospital ☐ ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address [redacted] | Telephone No.

Tenant's Name and Address [redacted] | Telephone No.

Nature and extent of damage Section 2, Leak #2
No crop damage - entered onto r/w thru property adjacent to Dixie terminal. Permission from Mrs. Bailey. Damage to trees alongside r/w. Graded, reseeded & fertilized.

THE ACCIDENT

Date of accident or construction: April 27 19 84 Hour AM ☐ PM ☐ | Charge: AFE 6470 | Estimated Cost of Replacement or repair $

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): MP 487.72 Inv. #25751+78 Alabama | County and/or Company Property No.: Marengo Co. Tract 5

What work or business was being done there: Hydrostatic test of pipeline - excavate, repair pipe, backfill

Nature and cause of accident or construction (Describe fully)

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made: No | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
T. G. Cloys	Dixie Pipeline Co.	404-396-2994
	1140 Hammond Dr.	
	Atlanta, GA 30328	

This report made out by	Address (Street & No.)	City & State	Telephone No.
T. G. Cloys	Above		

Position	Date	Emplo[redacted] necessary
Pipeline Engineer	May 14 19 84	[redacted]

Form 972 S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From Carmichael To Demopolis

FAILURE NO. IN SECTION 3 FAILURE NO. OVERALL _____

DATE 4-28-84 TIME 1231 LINE _____

LOCATION MP 474.98, Marengo County, Alabama Inventory #25079+07 EL 220

PRESSURE AT RECORDER, PSIG 1877 RECORDER LOCATION Demopolis EL 147

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1845

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 8'

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12 3/4 W.T. 0.250" MFG. American GRADE API5L-X52

LENGTH 59'-4" DATE REPAIRED 4-28-84

REMARKS: _____

FORM 10501-N 2-78

Original & 1 copy to Region Office
PT, RE & C

City
Copies
From

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Eastern District	B. J. Schlager

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home or to Hospital ☐ ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address [redacted] | Telephone No. [redacted]

Tenant's Name and Address | Telephone No.

Nature and extent of damage Section 2, Leak #3
Surface damage to pasture. Area fertilized & re-seeded on completion. Gave owner old section of pipe for drain. No claim indicated.

THE ACCIDENT

Date of accident or construction: April 28 19 84 Hour AM ☐ PM ☐
Charge: AFE 6470
Estimated Cost of Replacement or repair: $

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): MP 474.98, Inv. #25079+07
County and/or Company Property No.: Marengo Co. Tract 35

What work or business was being done there: Hydrostatic test of pipeline - excavate, repair pipe, backfill

Nature and cause of accident or construction (Describe fully)

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made: No
Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
T. G. Cloys	Dixie Pipeline Co.	404-396-2994
	1140 Hammond Dr.	
	Atlanta, GA 30328	

This report made out by	Address (Street & No.)	City & State	Telephone No.
T. G. Cloys	Above		

Position	Date	Em[redacted]necessary
Pipeline Engineer	May 14 19 84	[redacted]

Form 972-S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From Carmichael To Demopolis

FAILURE NO. IN SECTION 4 FAILURE NO. OVERALL _____

DATE 4-29-84 TIME 0631 LINE _____

LOCATION MP 427.97, Clarke County, Mississippi Iventory =22596+69 EL 270

PRESSURE AT RECORDER, PSIG 1887 RECORDER LOCATION Demopolis EL 147

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1834

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 28'-6"

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12 3/4 W.T. 0.250 MFG. American GRADE API5LX-52

LENGTH 108' DATE REPAIRED 4-29-84

REMARKS: _____

FORM 10501—N 2—78

Original & 1 copy to Region Office
PT, RE & C

City
Copies
From

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Eastern District	B. J. Schlager

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home or to Hospital ☐ ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address [redacted] | Telephone No. [redacted]

Tenant's Name and Address | Telephone No.

Nature and extent of damage Section 2, Leak #4
18 small pine trees cut for access to r/w onto B. W. Fleming tract. Access permission granted by Mr. Land.

THE ACCIDENT

Date of accident or construction: April 29 19 84 Hour AM ☐ PM ☐

Charge: AFE 6469

Estimated Cost of Replacement or repair: $

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): Approx. MP 427.97

County and/or Company Property No.: Clarke Co. Tract 12

What work or business was being done there: Hydrostatic test of pipeline - move equipment to leak site.

Nature and cause of accident or construction (Describe fully)

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made: No | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name: T. G. Cloys | Address: Dixie Pipeline Co., 1140 Hammond Dr., Atlanta, GA 30328 | Telephone No. [redacted]

This report made out by: T. G. Cloys | Address (Street & No.): Above | City & State | Telephone No.

Position: Pipeline Engineer | Date 19 | [redacted]ly necessary

Form 972-S 9-82

SECTION TESTED: From Carmichael To Demopolis

FAILURE NO. IN SECTION 5 FAILURE NO. OVERALL

DATE 4-30-84 TIME 0206 LINE

LOCATION MP 462.25, Choctaw County, Alabama Inventory #24406+00 EL 75

PRESSURE AT RECORDER, PSIG 1918 RECORDER LOCATION Demopolis, AL EL 147

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1949

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 8'-3"

SEEP [ ] GAL. LOST PER HOUR PSI LOST PER HOUR

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER

REPAIR: O.D. 12 3/4 W.T. 0.250 MFG. American GRADE API5LX-52

LENGTH 59' - 8" DATE REPAIRED 4-30-84

REMARKS:

FORM 10501—N 2—78

Original & 1 copy to Region Office
PT, RE & C

City _____
Copies _____
From _____

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Eastern District	B. J. Schlager

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON (Not Employee — MAKE REPORT FOR EACH PERSON INJURED)

Name of Injured Person | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home or to Hospital ☐ ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address | Telephone No.

[redacted]

Tenant's Name and Address | Telephone No.

[redacted]

Nature and extent of damage Section 2, Leak #5
Ingress & egress on woods road. Undergrowth and some small trees removed to improve road for approximately ½ mile.

THE ACCIDENT

Date of accident or construction: April 30 19 84 Hour AM ☐ PM ☐

Charge: AFE 6470

Estimated Cost of Replacement or repair: $

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): MP 462.25, Inv. #24406+54, Sally Eubanks tract

County and/or Company Property No.: Choctaw Co., GA

What work or business was being done there: Hydrostatic test of pipeline - excavate, repair pipe, backfill

Nature and cause of accident or construction (Describe fully)

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made: No | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
T. G. Cloys	Dixie Pipeline Co.	404-396-2994
	1140 Hammond Dr.	
	Atlanta, GA 30328	

This report made out by	Address (Street & No.)	City & State	Telephone No.
T. G. Cloys	Above		

Position	Date	[redacted] necessary
Pipeline Engineer	May 14 1984	

Form 972-S 9-82

SECTION TESTED: From Carmichael To Demopolis

FAILURE NO. IN SECTION 6 FAILURE NO. OVERALL _____

DATE 5-1-84 TIME 0134 LINE _____

LOCATION MP 465.56, Choctaw County, Alabama Inventory #24581+70 EL 100

PRESSURE AT RECORDER, PSIG 1918 RECORDER LOCATION Demopolis, AL EL 147

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1938

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 19'-5"

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12 3/4 W.T. 0.250" MFG. American GRADE API5LX52

LENGTH 44'6" DATE REPAIRED 5-1-84

REMARKS: _____

FORM 10501-N 2-78

Original & 1 copy to Region Office
PT, RE & C

City _____
Copies _____
From _____

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $ _____

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Eastern District	B. J. Schlager

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home or to Hospital ☐ ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address [redacted] | Telephone No. [redacted]

Tenant's Name and Address [redacted] | Telephone No.

Nature and extent of damage Section 2, Leak #6
Damage limited to grass and surface. Entered onto r/w from woods road. Area graded and re-seeded on completion. No claim indicated.

THE ACCIDENT

Date of accident or construction: May 1 19 84 Hour AM ☐ PM ☐ | Charge: AFE 6470 | Estimated Cost of Replacement or repair $

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): MP 465.56, Inv. #24581+76 | County and/or Company Property No.: Choctaw Co. Tr. 2

What work or business was being done there: Hydrostatic test of pipeline - excavate, repair pipe, backfill

Nature and cause of accident or construction (Describe fully)

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made: No | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name: T. G. Cloys | Address: Dixie Pipeline Co., 1140 Hammond Dr., Atlanta, GA 30328 | Telephone No. 404-396-2994

This report made out by: T. G. Cloys | Address (Street & No.): Above | City & State | Telephone No.

Position: Pipeline Engineer | Date: May 14 19 84 [redacted] necessary

Form 972-S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From Carmichael To Demopolis

FAILURE NO. IN SECTION 7 FAILURE NO. OVERALL _____

DATE 5-1-84 TIME 1913 LINE _____

LOCATION MP 462.66, Choctaw County, AL Inventory #24428+83 EL 75

PRESSURE AT RECORDER, PSIG 1910 RECORDER LOCATION Demopolis, AL EL 147

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1941

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 38' - 3"

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12 3/4 W.T. 0.250" MFG. American GRADE API5LX-52

LENGTH 39' DATE REPAIRED 5-1-84

REMARKS: _____

FORM 10501-N 2-78

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PT, RE & C

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REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Eastern District	B. J. Schlager

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home or to Hospital ☐ ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address [redacted] | Telephone No. [redacted]

Tenant's Name and Address [redacted] | Telephone No.

Nature and extent of damage Section 2, Leak #7
Limited to grass and surface of r/w. Entered from woods road. Area graded and re-seeded. No claim indicated.

THE ACCIDENT

Date of accident or construction: May 1 19 84 Hour AM ☐ PM ☐ | Charge: AFE 6470 | Estimated Cost of Replacement or repair $

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): MP 462.66, Inv. #24428+83 | County and/or Company Property No.: Choctaw Co. Tr. 6

What work or business was being done there: Hydrostatic test of pipeline - excavate, repair pipe, backfill.

Nature and cause of accident or construction (Describe fully)

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made: No | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name: T. G. Cloys | Address: Dixie Pipeline Co., 1140 Hammond r., Atlanta, GA 30328 | Telephone No.: 404-396-2994

This report made out by: T. G. Cloys | Address (Street & No.): Above | City & State | Telephone No.

Position: Pipeline Engineer | Date: May 14 19 84 | [redacted]

Form 972-S 9-82

SECTION TESTED: From Carmichael To Demopolis

FAILURE NO. IN SECTION 8 FAILURE NO. OVERALL _____

DATE 5-3-84 TIME 0350 LINE _____

LOCATION MP 475.21, Marengo County, AL Inventory #25091+33 EL 215

PRESSURE AT RECORDER, PSIG 1915 RECORDER LOCATION Demopolis, AL EL 147

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG 1886

DESCRIPTION OF FAILURE:

SPLIT [X] LENGTH OF SPLIT 5' - 5"

SEEP [ ] GAL. LOST PER HOUR _____ PSI LOST PER HOUR _____

FAILURE ORIGINATED IN: [X] SEAM [ ] FIELD WELD [ ] OTHER _____

REPAIR: O.D. 12 3/4 W.T. 0.250 MFG. American GRADE API5LX52

LENGTH 60' - 3" DATE REPAIRED 5-3-84

REMARKS: _____

FORM 10501—N 2—78

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PT, RE & C

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Copies
From

RESERVE $

REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Eastern District	B. J. Schlager

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home or to Hospital ☐ ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address | Telephone No.

[redacted]

Tenant's Name and Address | Telephone No.

Nature and extent of damage Section 2, Leak #8
Damage to pasture and field road from movement of equipment. Graded, fertilized & re-seeded area on completion. No claim indicated.

THE ACCIDENT

Date of accident or construction: May 2 19 84 Hour AM ☐ PM ☐

Charge: AFE 6470

Estimated Cost of Replacement or repair: $

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): MP 475.21, Inv. #25091+33

County and/or Company Property No.: Marengo Co. Tr 35

What work or business was being done there: Hydrostatic test of pipeline - excavate, repair pipe, backfill.

Nature and cause of accident or construction (Describe fully)

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made: No | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
T. G. Cloys	Dixie Pipeline Co.	404-396-2994
	1140 Hammond Dr.	
	Atlanta, GA 30328	

This report made out by	Address (Street & No.)	City & State	Telephone No.
T. G. Cloys	Above		

Position	Date	[redacted] necessary
Pipeline Engineer	May 14 19 84	

Form 972-S 9-82

HYDROSTATIC TEST FAILURE REPORT

SECTION TESTED: From Carmichael To Demopolis

FAILURE NO. IN SECTION 9 FAILURE NO. OVERALL _____

DATE 5-4-84 TIME 1125 LINE _____

LOCATION MP 460.5, Inventory #24311+83 to 24321+82

PRESSURE AT RECORDER, PSIG 1505± RECORDER LOCATION Demopolis, AL EL 147

CALCULATED PRESSURE AT POINT OF FAILURE, PSIG N/A

DESCRIPTION OF FAILURE:

SPLIT [ ] LENGTH OF SPLIT _____

SEEP [X] GAL. LOST PER HOUR _____ PSI LOST PER HOUR 60

FAILURE ORIGINATED IN: [ ] SEAM [ ] FIELD WELD [XX] OTHER Stopple Fitting

REPAIR: O.D. 12 3/4 W.T. 0.250 MFG. American GRADE API5LX52

LENGTH 75' DATE REPAIRED 5-4-84

REMARKS:

FORM 10501—N 2—78

SPEEDICOPIES ® MOORE BUSINESS FORMS, INC. TULSA, OKLA.

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REPORT OF ACCIDENT – PUBLIC

PHILLIPS PETROLEUM COMPANY AND SUBSIDIARIES

RESERVE $

OPERATOR	Company	Group/Corporate Staff	Division	Supt.
	Dixie Pipeline Co.		Eastern District	B. J. Schlager

(If Accident is fatal or involves serious injury, telegraph or telephone immediately to Company's office.)

ANSWER EACH QUESTION FULLY

INJURED PERSON Not Employee MAKE REPORT FOR EACH PERSON INJURED

Name of Injured Person | Age | Male ☐ or Female ☐ | Married ☐ or Single ☐

Address (Street & No.) | City, State & Zip Code | Telephone No.

Occupation | By whom employed | Address (Street & No.) | Telephone No.

What was injured doing when hurt?

INJURY

State Nature and extent of injury (If involving arm, leg or eye, state whether right or left)

Name and Address of Physician | Telephone No.

Take Home ☐ or to Hospital ☐ | Name and address of Hospital | Telephone No.

PROPERTY DAMAGE

Owner's Name and Address | Telephone No.

[redacted]

Tenant's Name and Address: N/A | Telephone No.

Nature and extent of damage: Surface grass and weeds marred by equipment. No crops on right of way Entry from County Road. No claim indicated.

THE ACCIDENT

Date of accident or construction: May 4 19 84 Hour AM ☐ PM ☐ | Charge | Estimated Cost of Replacement or repair $

Place where accident occurred or land description (In case of leaks: Identify with physical landmarks): MP 460.45, From Inv. 24311+83 to 24321+82 | County and/or Company Property No.: Choctaw Tract #10

What work or business was being done there: Hydrostatic Test of Dixie 12" Pipeline, Removed Leaking Fittings

Nature and cause of accident or construction (Describe fully): Cut out 3 stopple fittings and 2 weld ± ends. Replaced with new pipe sections.

Section 2, #9

DAMAGE TO COMPANY PROPERTY

Name and Address of person responsible for damage | Telephone No.

Name and Address of Insurance Company | Policy No. | Telephone No.

Vehicle description & licence number of responsible person (listed above)

Has claim been made: No | Basis of claim (Use reverse side to explain fully)

Statement of Claimant (Use reverse side for additional information)

Witnesses: Name	Address	Telephone No.
T. W. Williams	Dixie Pipeline Company	404-396-2994
	1140 Hammond Drive	
	Atlanta, GA 30328	

This report made out by	Address (Street & No.)	City & State	Telephone No.
T. G. Cloys	1140 Hammond Dr., H-8210	Atlanta, GA 30328	404-396-2994

Position	Date	E[redacted]	cessary
Pipeline Engineer	May 21 19 84		

Section #2

CARMICHAEL TO DEMOPOLIS

Carmichael Elevation:	303'	(MP 425.52)
High Point Elevation:	495'	(MP 440.49)
Low Point Elevation:	-20'	(MP 470.75)
Demopolis Elevation:	147'	(MP 487.87)

Test Pressures @ Demopolis:	1st 4 hours:	Test:	1918 PSI
		Repressure:	1898 PSI
	2nd 4 hours:	Test:	1709 PSI
		Repressure:	1689 PSI

Maximum Pressure @ Low Point = 1986 PSI = 97.4% SMYS

CHANGE IN PRESSURE DUE TO CHANGE IN VOLUME

$$\Delta V = 9.88\ \Delta P \quad \text{(GAL/PSI)}$$

CHANGE IN PRESSURE DUE TO CHANGE IN TEMPERATURE

$$\Delta P = 15.51\ \Delta T \quad \text{(PSI/°F)}$$

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.			
4	27	84	34	571	FROM 22676+40 TO 22676+99	COL. 1 INSPECTION X COL. 2 REPAIR X	TECH. SERVICES DEPT. (1) CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR PARISH: CLARKE

NAME OF LINE: MONT BELVIEU - RALEIGH LINE (HA-DM)

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

COL. 12: 1. FIELD; 2. X TRUNK; 3. STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 1 2

TENANTS NAME AND ADDRESS: ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: T.G. CLOYS ATLANTA GA. ZIP 30328

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE NAME: LPG (PROPANE)	COL. 19: [X] LIQUID COL. 20: [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:
REMOVED & REPLACED 59'-3" OF PIPE WHICH SPLIT IN SEAM DURING HYDROTEST FROM CR-DM., AFE 6469

B/O #1 SECTION 2

COL. 22 CONDITION OF COATING

1. X GOOD
2. FAIR
3. POOR
4. BAD
5. NO COATING

COL. 23 FACILITY ENVIRONMENT

1. LOAM
2. SAND
3. SHALE
4. X CLAY
5. MIXED SOIL
6. ROCK
7. CINDERS
8. AIR
9. WATER
10. OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100 %

INTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100 %

EXTERNAL PITTING CORROSION NONE
DIAMETER OF PITS ____ " TO ____ "
DEPTH OF PITS ____ " TO ____ "

INTERNAL PITTING CORROSION NONE
DIAMETER OF PITS ____ " TO ____ "
DEPTH OF PITS ____ " TO ____ "

REPAIR

COL. 24 HOW REPAIRED

1. GASKET REPLACED
2. FITTING REPLACED
3. RECAULKED
4. WELDED PATCHES
5. FULL WRAPPED
6. X PIPE REPLACED
7. OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. ASPHALT AND FELT
3. X PRIMER AND TAPE JTS.
4. X-TRU COTE
5. THIN FILM
6. CONCRETE
7. SOMASTIC
8. OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ____

DATE ____

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

SURFACE DAMAGE TO FIELD ROAD & PASTURE GRASS. AREA RE-SEEDED & FERTILIZED

REMARKS

NO DAMAGE CLAIM INDICATED.

FOREMAN IN CHARGE REPAIRS	COL. 80 APPROVED	DATE OF THIS REPORT		
		COL. 32-33 MONTH	COL. 34-35 DAY	COL. 36-37 YEAR
T.G. CLOYS	2	0 5	1 5	8 4

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.	FROM 25751+73	COL. 1 INSPECTION X	TECH. SERVICES DEPT. (1)
4	27	84	21	573	TO 25752+31	COL. 2 REPAIR X	CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR PARISH: MARENGO

NAME OF LINE: MONT BELVIEU-RALEIGH LINE (MISS/AL - DM)

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

TENANTS NAME AND ADDRESS: ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: ZIP

COL. 12: 1.__ FIELD; 2. X TRUNK; 3.__ STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 12

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE ___ NAME: LPG PROPANE	COL. 19 [X] LIQUID; COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:
REMOVED & REPLACED 58' of 12" which split in seam during Hydrotest

CR-DM
AFE 6470

B/O #2 Sect. 2

COL. 22 CONDITION OF COATING

1. ✓ GOOD
2. __ FAIR
3. __ POOR
4. __ BAD
5. __ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. __ LOAM
2. __ SAND
3. __ SHALE
4. ✓ CLAY
5. __ MIXED SOIL
6. __ ROCK
7. __ CINDERS
8. __ AIR
9. __ WATER
10. __ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100 %

INTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100 %

EXTERNAL PITTING CORROSION NONE
DIAMETER OF PITS __ " TO __ "
DEPTH OF PITS __ " TO __ "

INTERNAL PITTING CORROSION NONE
DIAMETER OF PITS __ " TO __ "
DEPTH OF PITS __ " TO __ "

REPAIR

COL. 24 HOW REPAIRED

1. __ GASKET REPLACED
2. __ FITTING REPLACED
3. __ RECAULKED
4. __ WELDED PATCHES
5. __ FULL WRAPPED
6. X PIPE REPLACED
7. __ OTHER

COL. 25 COATING APPLIED

1. ✓ COAL TAR AND FELT
2. __ ASPHALT AND FELT
3. JTS PRIMER AND TAPE
4. __ X-TRU COTE
5. __ THIN FILM
6. __ CONCRETE
7. __ SOMASTIC
8. __ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED OR REPAIRS SHOW DIAGRAM NO. AND DATE
NO. __
DATE __

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

REMARKS: DAMAGE TO TREES ALONGSIDE R/W. SURFACE DAMAGE TO GRASS LAWN OF MRS CHARLES BAILEY. MRS BAILEY GAVE PERMISSION FOR ACCESS TO R/W

FOREMAN IN CHARGE REPAIRS	COL. 80 APPROVED	DATE OF THIS REPORT COL. 32-33 MONTH	COL. 34-35 DAY	COL. 36-37 YEAR
T.W. WILLIAMS	2	05	21	84

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.	FROM 25078+77	COL. 1 INSPECTION X	TECH. SERVICES DEPT. (1)
4	28	84	21	573	TO 25079+37	COL. 2 REPAIR X	CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR PARISH: MARENGO Co., AL.

NAME OF LINE: MONT BELVIEW – RALEIGH LINE

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: GEORGE NORRIS, GEN. DEL., JEFFERSON, AL. ZIP

COL. 12: 1.__ FIELD; 2. X TRUNK; 3.__ STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 12

TENANTS NAME AND ADDRESS: N/A ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: RAY LOFTIS DPC CHERAW, S.C. ZIP

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE ___ ___ ___	COL. 19 [X] LIQUID	
NAME: LPG PROPANE	COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION: REMOVED 59'-4' OF 12" PIPE SPLIT IN SEAM DUE TO HYDROTEST.

AFE 6470
SPLIT 3, SECTION 2

COL. 22 CONDITION OF COATING

1. ✓ GOOD
2. ___ FAIR
3. ___ POOR
4. ___ BAD
5. ___ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. ___ LOAM
2. ___ SAND
3. ___ SHALE
4. ✓ CLAY
5. ___ MIXED SOIL
6. ___ ROCK
7. ___ CINDERS
8. ___ AIR
9. ___ WATER
10. ___ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100

INTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100

EXTERNAL PITTING CORROSION NONE
DIAMETER OF PITS ___ " TO ___ "
DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION NONE
DIAMETER OF PITS ___ " TO ___ "
DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. ___ GASKET REPLACED
2. ___ FITTING REPLACED
3. ___ RECAULKED
4. ___ WELDED PATCHES
5. ___ FULL WRAPPED
6. ✓ PIPE REPLACED
7. ___ OTHER

COL. 25 COATING APPLIED

1. ✓ COAL TAR AND FELT
2. ___ ASPHALT AND FELT
3. JTS PRIMER AND TAPE
4. ___ X-TRU COTE
5. ___ THIN FILM
6. ___ CONCRETE
7. ___ SOMASTIC
8. ___ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

RUTS IN PASTURE – GRADED & RESEEDED

REMARKS

NO CLAIM INDICATED.

FOREMAN IN CHARGE REPAIRS	COL. 80 APPROVED	DATE OF THIS REPORT		
		COL. 32-33 MONTH	COL. 34-35 DAY	COL. 36-37 YEAR
RAY LOFTIS	2	05	21	84

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.	FROM 22596+08	COL. 1 INSPECTION X	TECH. SERVICES DEPT. (1)
4	29	84	34	571	TO 22597+16	COL. 2 REPAIR X	CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR PARISH: CLARKE

NAME OF LINE: MONT BELVIEU - RALEIGH LINE (HA - MISS/AL)

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

COL. 12: 1.__ FIELD; 2. X TRUNK; 3.__ STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 12

TENANTS NAME AND ADDRESS: ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: RAY LOFTIS D.P.C. CHERAW, S.C. ZIP

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE ___ NAME: LPG PROPANE	COL. 19 [X] LIQUID; COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [ ] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:
REMOVED & REPLACED 108' 12" PIPE SPLIT IN SEAM DURING HYDROTEST.
CR-DM AFE 6469
SECTION 2, B/O 4

COL. 22 CONDITION OF COATING

1. X GOOD
2. __ FAIR
3. __ POOR
4. __ BAD
5. __ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. __ LOAM
2. __ SAND
3. __ SHALE
4. X CLAY
5. __ MIXED SOIL
6. __ ROCK
7. __ CINDERS
8. __ AIR
9. __ WATER
10. __ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100 %

INTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100 %

EXTERNAL PITTING CORROSION NONE
DIAMETER OF PITS __ " TO __ "
DEPTH OF PITS __ " TO __ "

INTERNAL PITTING CORROSION NONE
DIAMETER OF PITS __ " TO __ "
DEPTH OF PITS __ " TO __ "

REPAIR

COL. 24 HOW REPAIRED

1. __ GASKET REPLACED
2. __ FITTING REPLACED
3. __ RECAULKED
4. __ WELDED PATCHES
5. __ FULL WRAPPED
6. X PIPE REPLACED
7. __ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. __ ASPHALT AND FELT
3. JTS PRIMER AND TAPE
4. __ X-TRU COTE
5. __ THIN FILM
6. __ CONCRETE
7. __ SOMASTIC
8. __ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE
NO. __
DATE __

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE
DAMAGE TO PASTURE GRASS ONLY ON FLEMING PROPERTY - RESEEDED & FERTILIZE

REMARKS
18 SMALL PINES (6" DIA.) CUT FOR ACCESS TO LEAK ON LAND BROS. TIMBER LAND.

FOREMAN IN CHARGE REPAIRS	COL. 80 APPROVED	DATE OF THIS REPORT (COL. 32-33 MONTH / COL. 34-35 DAY / COL. 36-37 YEAR)
RAY LOFTIS	2	05 21 84

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.	FROM 24405.94	COL. 1 INSPECTION X	TECH. SERVICES DEPT. (1)
4	30	84	21	573	TO 24406.54	COL. 2 REPAIR X	CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR PARISH: CHOCTAW

COL. 6-11 DIVISION REPORT NO.:

NAME OF LINE: MONT BELVIEU - RALEIGH LINE (CR-DM)

OWNERS NAME AND ADDRESS: (SALLY EUBANKS TR GA) [redacted] ZIP

[redacted] ZIP

COL. 12: 1. ___ FIELD; 2. X TRUNK; 3. ___ STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 12

CARETAKER: [redacted] ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: RAY LOFTIS DIXIE PIPELINE CO. CHERAW, S.C. ZIP

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE ___	COL. 19 [✓] LIQUID	
NAME: LPG PROPANE	COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION: 59'-8" of 12" pipe removed & REPLACED DUE TO SPLIT SEAM FROM HYDROSTATIC TEST.

CR-DM AFE 6470

COL. 22 CONDITION OF COATING

1. X GOOD
2. ___ FAIR
3. ___ POOR
4. ___ BAD
5. ___ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. ___ LOAM
2. ___ SAND
3. ___ SHALE
4. X CLAY
5. ___ MIXED SOIL
6. ___ ROCK
7. ___ CINDERS
8. ___ AIR
9. ___ WATER
10. ___ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING 100

INTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING 100

EXTERNAL PITTING CORROSION NONE

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION NONE

DIAMETER OF PITS ___ " TO ___ "

DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. ___ GASKET REPLACED
2. ___ FITTING REPLACED
3. ___ RECAULKED
4. ___ WELDED PATCHES
5. ___ FULL WRAPPED
6. X PIPE REPLACED
7. ___ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. ___ ASPHALT AND FELT
3. JTS PRIMER AND TAPE
4. ___ X-TRU COTE
5. ___ THIN FILM
6. ___ CONCRETE
7. ___ SOMASTIC
8. ___ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED REPAIRS SHO DIAGRAM NO AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

UNDERGROWTH & SMALL TREES REMOVED TO IMPROVE WOODS ROAD FOR 1/4 MILE.

REMARKS

FOREMAN IN CHARGE REPAIRS	COL. 80 APPROVED	DATE OF THIS REPORT		
		COL. 32-33 MONTH	COL. 34-35 DAY	COL. 36 YEAR
RAY LOFTIS	2	05	21	8

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.			
5	1	84	21	573	FROM 24581+31 TO 24581+76	COL. 1 INSPECTION X COL. 2 REPAIR X	TECH. SERVICES DEPT. (1) CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR PARISH: CHOCTAW

NAME OF LINE: MONT BELVIEU – RALEIGH LINE

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

COL. 12: 1. ___ FIELD; 2. X TRUNK; 3. ___ STATION

COL. 13 LINE NO.:

COL. 14-15 SIZE: 12

TENANTS NAME AND ADDRESS: N/A ZIP

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: RAY LOFTIS D.P.C. CHERAW, S.C. ZIP

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE ___ ___ ___ NAME: LPG PROPANE	COL. 19 [X] LIQUID COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:
CUT OUT AND REPLACED 44'-6" OF PIPE SPLIT IN SEAM DURING HYDROTEST.

CR-DM AFE 6470

SECTION 2, LEAK 6

COL. 22 CONDITION OF COATING

1. ✓ GOOD
2. ___ FAIR
3. ___ POOR
4. ___ BAD
5. ___ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. ___ LOAM
2. ___ SAND
3. ___ SHALE
4. X CLAY
5. ___ MIXED SOIL
6. ___ ROCK
7. ___ CINDERS
8. ___ AIR
9. ___ WATER
10. ___ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100

INTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100

EXTERNAL PITTING CORROSION NONE
DIAMETER OF PITS ___ " TO ___ "
DEPTH OF PITS ___ " TO ___ "

INTERNAL PITTING CORROSION NONE
DIAMETER OF PITS ___ " TO ___ "
DEPTH OF PITS ___ " TO ___ "

REPAIR

COL. 24 HOW REPAIRED

1. ___ GASKET REPLACED
2. ___ FITTING REPLACED
3. ___ RECAULKED
4. ___ WELDED PATCHES
5. ___ FULL WRAPPED
6. X PIPE REPLACED
7. ___ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. ___ ASPHALT AND FELT
3. JTS PRIMER AND TAPE
4. ___ X-TRU COTE
5. ___ THIN FILM
6. ___ CONCRETE
7. ___ SOMASTIC
8. ___ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. ___

DATE ___

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE
No PROPERTY OR CROP DAMAGE – Surface Only to R/W – graded & re-seeded

REMARKS

FOREMAN IN CHARGE REPAIRS	COL. 80 APPROVED	DATE OF THIS REPORT		
		COL. 32-33 MONTH	COL. 34-35 DAY	COL. 36-37 YEAR
RAY LOFTIS	2	05	21	84

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY	
MONTH	DAY	YEAR	STATE	LOC.	FROM 24428.63	COL. 1 INSPECTION X	TECH. SERVICES DEPT. (1)	
5	1	84	21	573	TO 24429.02	COL. 2 REPAIR X	CENTRAL RECORDS (2)	

COL. 3-5 COUNTY OR PARISH: CHOCTAW TR. 6

NAME OF LINE: MONT BELVIEU - RALEIGH LINE

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

COL. 12: 1.__ FIELD; 2. X TRUNK; 3.__ STATION

COL. 13 LINE NO.:

TENANTS NAME AND ADDRESS: N/A ZIP

COL. 14-15 SIZE: 12

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: RAY LOFTIS DPC. CHERAW, S.C. ZIP

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE ___ ___ ___	COL. 19 [X] LIQUID	
NAME: LPG - PROPANE	COL. 20 [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:
39'-12" pipe removed AND REPLACED DUE TO SPLIT SEAM FROM HYDROSTATIC TEST.

AFE 6470

SECT. 2, LEAK 7

COL. 22 CONDITION OF COATING

1. X GOOD
2. __ FAIR
3. __ POOR
4. __ BAD
5. __ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. __ LOAM
2. __ SAND
3. __ SHALE
4. X CLAY
5. __ MIXED SOIL
6. __ ROCK
7. __ CINDERS
8. __ AIR
9. __ WATER
10. __ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100

INTERNAL GENERAL CORROSION
% OF WALL THICKNESS REMAINING 100

EXTERNAL PITTING CORROSION NONE
DIAMETER OF PITS __ " TO __ "
DEPTH OF PITS __ " TO __ "

INTERNAL PITTING CORROSION NONE
DIAMETER OF PITS __ " TO __ "
DEPTH OF PITS __ " TO __ "

REPAIR

COL. 24 HOW REPAIRED

1.__ GASKET REPLACED
2.__ FITTING REPLACED
3.__ RECAULKED
4.__ WELDED PATCHES
5.__ FULL WRAPPED
6. X PIPE REPLACED
7.__ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2.__ ASPHALT AND FELT
3. JTS PRIMER AND TAPE
4.__ X-TRU COTE
5.__ THIN FILM
6.__ CONCRETE
7.__ SOMASTIC
8.__ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE
NO.__
DATE__

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE
Surface damage to R/W. ENTRY FROM WOODS ROAD. REGRADED & SEEDED.

REMARKS
NO APPARENT DAMAGE CLAIM.

FOREMAN IN CHARGE REPAIRS	COL. 80 APPROVED	DATE OF THIS REPORT		
		COL. 32-33 MONTH	COL. 34-35 DAY	COL. 36-37 YEAR
RAY LOFTIS	2	05	21	84

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY	
MONTH	DAY	YEAR	STATE	LOC.	FROM 25091+03	COL. 1 INSPECTION X	TECH. SERVICES DEPT. (1)	
5	2	84	21	573	TO 25091+63	COL. 2 REPAIR X	CENTRAL RECORDS (2)	

COL. 3-5 COUNTY OR PARISH: MARENGO TR 35

NAME OF LINE: MONT BELVIEU - RALEIGH LINE

COL. 6-11 DIVISION REPORT NO.

[redacted] ZIP

ZIP

COL. 12: 1.__ FIELD; 2. X TRUNK; 3.__ STATION

COL. 13 LINE NO.

COL. 14-15 SIZE: 12

TENANTS NAME AND ADDRESS

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: RAY LOFTIS DPC CHERAW, S.C. ZIP

SURVEY | QUARTER SECTION | SECTION | TWP | RANGE | BLOCK

CRUDE OR PRODUCT

COL. 16-18 CODE

NAME: LPG - PROPANE

CRUDE OR PRODUCT CLASSIFICATION

COL. 19: [X] LIQUID

COL. 20: [ ] GAS

VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [ ] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:
60'-3" 12" pipe cut out and replaced due to split seam from Hydrotest.

AFE 6470

Section 2, Leak 8

COL. 22 CONDITION OF COATING

1. X GOOD
2.__ FAIR
3.__ POOR
4.__ BAD
5.__ NO COATING

COL. 23 FACILITY ENVIRONMENT

1.__ LOAM
2.__ SAND
3.__ SHALE
4. X CLAY
5.__ MIXED SOIL
6.__ ROCK
7.__ CINDERS
8.__ AIR
9.__ WATER
10.__ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING 100

INTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING 100

EXTERNAL PITTING CORROSION NONE

DIAMETER OF PITS __" TO __"

DEPTH OF PITS __" TO __"

INTERNAL PITTING CORROSION NONE

DIAMETER OF PITS __" TO __"

DEPTH OF PITS __" TO __"

REPAIR

COL. 24 HOW REPAIRED

1.__ GASKET REPLACED
2.__ FITTING REPLACED
3.__ RECAULKED
4.__ WELDED PATCHES
5.__ FULL WRAPPED
6. X PIPE REPLACED
7.__ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2.__ ASPHALT AND FELT
3. JTS PRIMER AND TAPE
4.__ X-TRU COTE
5.__ THIN FILM
6.__ CONCRETE
7.__ SOMASTIC
8.__ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED OR REPAIRS SHOW DIAGRAM NO. AND DATE

NO.__

DATE__

FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

Ruts in pasture and damage to ½ acre grain crop.

REMARKS

Gave owner pipe sections removed for drainage culverts.

FOREMAN IN CHARGE REPAIRS: R. LOFTIS

COL. 80 APPROVED: 2

DATE OF THIS REPORT

COL. 32-33 MONTH	COL. 34-35 DAY	COL. 36-37 YEAR
05	21	84

DPC-270 (6-78)

DIXIE PIPELINE COMPANY

REPORT OF VISUAL INSPECTION AND REPAIR

DATE OF LEAK, REPAIR, ETC. LOCATION					R/W INVENTORY STATION NUMBER	TYPE REPORT	DEPARTMENTAL ROUTING OF COPY
MONTH	DAY	YEAR	STATE	LOC.			
5	4	84	21	573	FROM 24311+83 TO 24321+82	COL. 1 INSPECTION ✓ COL. 2 REPAIR ✓	TECH. SERVICES DEPT. (1) CENTRAL RECORDS (2)

COL. 3-5 COUNTY OR PARISH: CHOCTAW

NAME OF LINE: MONT BELVIEU - RALEIGH LINE (MISS/AL - DM)

COL. 6-11 DIVISION REPORT NO.:

OWNERS NAME AND ADDRESS: [redacted] ZIP

COL. 12: 1.__ FIELD; 2. X TRUNK; 3.__ STATION

COL. 13 LINE NO.: N/A ZIP

COL. 14-15 SIZE: 12

NAME AND ADDRESS OF PERSON MAKING VISUAL INSPECTION: T. W. WILLIAMS ZIP

SURVEY	QUARTER SECTION	SECTION	TWP	RANGE	BLOCK

CRUDE OR PRODUCT	CRUDE OR PRODUCT CLASSIFICATION	VISUAL INSPECTION REPORT FOR GAS PIPELINE LEAKS
COL. 16-18 CODE ___ NAME: LPG. PROPANE	COL. 19: [X] LIQUID; COL. 20: [ ] GAS	

VISUAL INSPECTION REPORT FOR LIQUID / GAS PIPELINES

COL. 21 FACILITY INSPECTED

1. [X] PIPE
2. [ ] VALVE
3. [X] FITTING
4. [ ] PUMP
5. [ ] CLOSURE
6. [ ] OTHER

DETAILED DESCRIPTION:

REMOVED 3 STOPPLE FITTINGS & 2 WELDTENDS FROM PIPELINE.

HYDROSTATIC TEST AFE 6470 SECTION 2, LEAK 9

COL. 22 CONDITION OF COATING

1. ✓ GOOD
2. __ FAIR
3. __ POOR
4. __ BAD
5. __ NO COATING

COL. 23 FACILITY ENVIRONMENT

1. __ LOAM
2. __ SAND
3. __ SHALE
4. ✓ CLAY
5. __ MIXED SOIL
6. __ ROCK
7. __ CINDERS
8. __ AIR
9. __ WATER
10. __ OTHER

EXTENT OF CORROSION

EXTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING 100

INTERNAL GENERAL CORROSION

% OF WALL THICKNESS REMAINING 100

EXTERNAL PITTING CORROSION NONE

DIAMETER OF PITS __ " TO __ "

DEPTH OF PITS __ " TO __ "

INTERNAL PITTING CORROSION NONE

DIAMETER OF PITS __ " TO __ "

DEPTH OF PITS __ " TO __ "

REPAIR

COL. 24 HOW REPAIRED

1. __ GASKET REPLACED
2. X FITTING REPLACED
3. __ RECAULKED
4. __ WELDED PATCHES
5. __ FULL WRAPPED
6. X PIPE REPLACED
7. __ OTHER

COL. 25 COATING APPLIED

1. X COAL TAR AND FELT
2. __ ASPHALT AND FELT
3. Jts PRIMER AND TAPE
4. __ X-TRU COTE
5. __ THIN FILM
6. __ CONCRETE
7. __ SOMASTIC
8. __ OTHER, SPECIFY

ANODES INSTALLED

NO.	WT.	INV. STATION
		+
		+
		+
		+
		+
COL. 26-28	COL. 29-31	← TOTAL

WHEN CHANGE DIAGRAM COMPLETED ON REPAIRS SHOW DIAGRAM NO. AND DATE

NO. __

DATE __

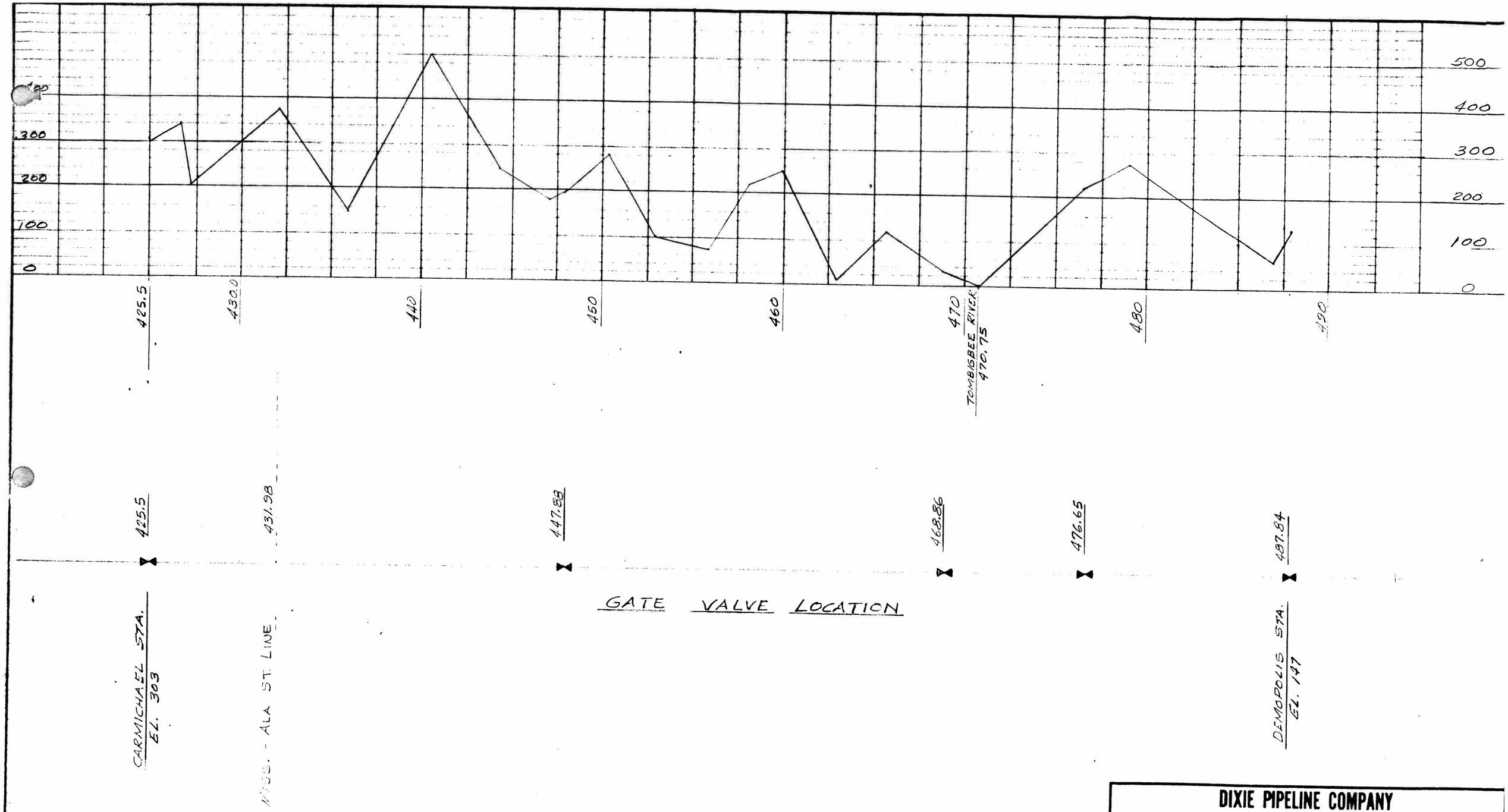
FULL DESCRIPTION OF PROPERTY DAMAGED DURING REPAIRS AND ESTIMATED VALUE

SURFACE DAMAGE ONLY TO R/W - GRADED & SEEDED.

REMARKS

NO CLAIM INDICATED.

FOREMAN IN CHARGE REPAIRS	COL. 80 APPROVED	DATE OF THIS REPORT		
		COL. 32-33 MONTH	COL. 34-35 DAY	COL. 36-37 YEAR
T. W. WILLIAMS	2	05	21	84



MK	DESCRIPTION	BY	DATE	APVD

REVISIONS

DIXIE PIPELINE COMPANY
ATLANTA, GEORGIA

PIPELINE PROFILE
CARMICHAEL TO DEMOPOLIS

DWN BY TGC	DATE 3-64	AFE NO.
CKD. BY	DWG. NO.	REV.
APVD BY		
SCALE	SHEET 2 OF 3	