BUCKEYE PARTNERS, L.P.

Celebrating 125 Years of Service
1886-2011

T. Scott Collier
Vice President, Performance Assurance and Asset Integrity
(610) 904-4922
E-Mail: tcollier@buckeye.com

Five TEK Park
9999 Hamilton Blvd.
Breinigsville, PA 18031

May 24, 2012

Mr. Rod Seeley
Director, Southwest Region
Pipeline and Hazardous Materials Safety Administration
U. S. Department of Transportation
8701 South Gessner, Suite 1110
Houston, TX 77074

RE: El Paso, TX Pipeline Inspection
Notice of Probable Violation, Proposed Civil Penalty and Proposed Compliance Order CPF 4-2012-5015

Dear Mr. Seeley:

Buckeye Partners, L.P. (Buckeye) received the referenced "Notice of Probable Violation, Proposed Civil Penalty and Proposed Compliance Order" (NOPV) on April 27, 2012 from the Pipeline and Hazardous Materials Safety Administration (PHMSA). This NOPV was the result of an inspection conducted on Buckeye's pipeline facilities in El Paso, TX. The following are Buckeye's responses to the proposed violations.

1. **Buckeye did not follow their procedures to conduct an analysis of the pipeline accident that was discovered in January 2011 on Tank 1001 to determine the cause of the accident.**

   In January 2011, Buckeye's personnel noticed a small stain at the bottom of Tank 1001. After investigating the source of the stain, it was determined to be product leaking out of Tank 1001. The tank had to be placed out of service to conduct testing in order to find the source of the leak. On January 26, 2011 and February 10, 2011, a Helium Leak Test and Magnetic Particle Inspection (MT) were conducted to find the source of the leak on the bottom of Tank 1001. The leak was a small pinhole leak that was very difficult to find. The MT performed found a crack like feature at the shell/bottom weld. There is no evidence or documents of an analysis being performed to find the root cause of the crack like feature.

   Buckeye's procedures, '2. Internal Release Investigation Procedures' and '2.2 Medium Level' require that all DOT written reportable product releases be investigated for the root cause of the incident. Buckeye did not perform the root cause analysis.

Buckeye acknowledges that it has taken an abnormally longer time to complete its investigation report for the small stain release relating to the El Paso Tank 1001. Up until the time that it was determined that in fact this release was DOT reportable (see Buckeye's response to proposed violation 2), this release was considered as Low–Level which under Buckeye's procedure Section

2.1.1 does not require further investigation. This small release was determined to meet reporting requirements as per 195.50 (e) on October 24, 2012.

As per the information requirements for filing 7000-1 Accident Reports under 19.54, Buckeye did provide root cause information to PHMSA in Part G8 – Other Accident Cause as a ¼ inch long crack in a floor plate. Buckeye is still in the process of gathering the necessary information from the tank installation contractor to complete the incident investigation report.

While Buckeye's expectation is that this investigation report would be completed in a more reasonable timeframe, Buckeye is not in violation of the procedure that was in affect at the time of this release as there was no specified timeframe for completion. Buckeye respectfully requests that the Proposed Civil Penalty associated with this item be substantially reduced.

2. **Buckeye failed to report a pipeline accident, which met the requirements of 195.50(e), which occurred in January 2011 on Tank 1001 within 30 days after discovery of the accident.**

   In January 2011, Buckeye's personnel noticed a small stain at the bottom of Tank 1001. After investigating the source of the stain, it was determined to be product leaking out of Tank 1001. The tank had to be placed out of service to conduct testing in order to find the source of the leak. On January 26, 2011 and February 10, 2011, a Helium Leak Test and Magnetic Particle Inspection (MT) were conducted to find the source of the leak on the bottom of Tank 1001. The leak was a small pinhole leak that was very difficult to find. The MT performed found a crack like feature at the shell/bottom weld. The cost associated with these activities exceeded the reportable criteria of $50,000 per 195.50.

   Buckeye's procedure, '1. Release Notification Procedure, 1.1.2.2,' states that within 30 days of a DOT reportable release, Buckeye shall file an accident report on DOT Form 7000-1. At the time of the inspection a report had not been filed.

Buckeye believes that it followed both DOT regulations contained in 195.50 and its procedure for reporting pipeline incidents using the 7000-1 process.

The small stain on the external concrete foundation of El Paso Tank 1001 was noticed on January 13, 2011. At that time, this stain did not meet any of the reporting requirements in 195.50. In cases where the estimated property damage, clean-up and property costs in 195.50 (e) are the only criteria that may be applicable to a release and thus cause reporting under 195.54, Buckeye monitors the estimated costs associated with determining the cause of the accident and any repairs.

In the case of El Paso Tank 1001, Buckeye did monitor the associated estimated costs and as of October 13, 2011, the estimated costs associated with the investigation and repair was just over $42,000. On October 24, 2011, after repeated requests to the contractor for estimated cost information, Buckeye received information that the contractors estimated costs associated with the repairs were $15,000 thus putting the total costs over the $50,000 reporting threshold. Upon receipt of this information, Buckeye immediately filed its 7000-1Accident Report on October 24, 2011 (see Exhibit 1, DOT 7000-1 Report).

Buckeye maintains that it followed both the regulations contained in 195.50 and 195.54 related to this incident. The only portion of the DOT regulations that required this incident to be reportable was the associated costs. Buckeye diligently monitored the associated costs and when it received knowledge that costs associated with the release was going to exceed the reporting threshold it immediately filed the required report well within the 30 day timeframe in 195.54.

Buckeye respectfully requests that this item, the Proposed Civil Penalty, and associated Proposed Compliance Order #2 be removed in their entirety.

3. **Buckeye did not give notice at the earliest practicable moment after discovery of a release of hazardous material, which caused estimated property damage, including cost of cleanup and recovery, value of lost product, and damage to the property of the operator or others, or both, exceeding $50,000.**

   In January 2011, Buckeye's personnel noticed a small stain at the bottom of Tank 1001. After investigating the source of the stain, it was determined to be product leaking out of Tank 1001. The tank had to be placed out of service to conduct testing in order to find the source of the leak. On January 26, 2011 and February 10, 2011, a Helium Leak Test and Magnetic Particle Inspection (MT) were conducted to find the source of the leak on the bottom of Tank 1001. The leak was a small pinhole leak that was very difficult to find. The MT performed found a crack like feature at the shell/bottom weld. The cost associated with these activities exceeded the reportable criteria of $50,000 per 195.50.

   Buckeye's procedure, '1. Release Notification Procedure, 1.1.2.1,' states that at the earliest practicable moment following discovery of a release meeting the criteria, local management shall notify the National Response Center by telephone. At the time of the inspection a report had not been filed.

Buckeye filed a telephonic report on January 14, 2011 with the National Response Center (see Exhibit 2, NRC Report #964719). At the time of the notification, this accident didn't meet the criteria for reporting; however, Buckeye made the notification as a courtesy. Buckeye respectfully requests that this item be removed.

Buckeye remains fully committed to meeting all reporting requirements contained in the regulations and following its procedures for incident investigations. We look forward to working with PHMSA to continuously improve our compliance programs and to resolve the issues related to this NOPV, the Proposed Civil Penalty and Proposed Compliance Order.

Please direct all future communications concerning this NOPV to my attention. If you have any questions, or need additional information, please feel free to contact myself or John Reinbold, Manager, Compliance at 610-904-4185 or by e-mail at jreinbold@buckeye.com.

Sincerely,

Thomas S. (Scott) Collier
Vice President, Performance Assurance & Asset Integrity
Buckeye Partners, LP

Office Phone: 610-904-4922
Mobile Phone: 484-951-0221
Email: tcollier@buckeye.com

cc: J.B. Reinbold
C.A. Ostach
F.D. Corbello

NOTICE: This report is required by 49 CFR Part 195. Failure to report can result in a civil penalty not to exceed $100,000 for each violation for each day that such violation persists except that the maximum civil penalty shall not exceed $1,000,000 as provided in 49 USC 60122.

OMB NO: 2137-0047
EXPIRATION DATE: 01/31/2013

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

Report Date:	10/24/2011
No.	20110395 - 16138 (DOT Use Only)

ACCIDENT REPORT - HAZARDOUS LIQUID PIPELINE SYSTEMS

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2137-0047. Public reporting for this collection of information is estimated to be approximately 10 hours per response (5 hours for a small release), including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, PHMSA, Office of Pipeline Safety (PHP-30) 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

INSTRUCTIONS

Important: *Please read the separate instructions for completing this form before you begin. They clarify the information requested and provide specific examples. If you do not have a copy of the instructions, you can obtain one from the PHMSA Pipeline Safety Community Web Page at http://www.phmsa.dot.gov/pipeline.*

PART A - KEY REPORT INFORMATION

Report Type: *(select all that apply)*	Original:	Supplemental:	Final:
	Yes		Yes
Last Revision Date:			

1. Operator's OPS-issued Operator Identification Number (OPID):	31371
2. Name of Operator	BUCKEYE DEVELOPMENT & LOGISTICS, LLC
3. Address of Operator:	
3a. Street Address	1010 LAMAR, SUITE 1150
3b. City	HOUSTON
3c. State	Texas
3d. Zip Code	77504
4. Local time *(24-hr clock)* and date of the Accident:	01/13/2011 08:00
5. Location of Accident:	
Latitude:	31.820486
Longitude:	-106.210326
6. National Response Center Report Number (if applicable):	964719
7. Local time *(24-hr clock)* and date of initial telephonic report to the National Response Center (if applicable):	01/14/2011 11:30
8. Commodity released: *(select only one, based on predominant volume released)*	Refined and/or Petroleum Product (non-HVL) which is a Liquid at Ambient Conditions
- Specify Commodity Subtype:	Gasoline (non-Ethanol)
- If "Other" Subtype, Describe:	
- If Biofuel/Alternative Fuel and Commodity Subtype is Ethanol Blend, then % Ethanol Blend: %:	
- If Biofuel/Alternative Fuel and Commodity Subtype is Biodiesel, then Biodiesel Blend (e.g. B2, B20, B100): B	
9. Estimated volume of commodity released unintentionally (Barrels):	.02
10. Estimated volume of intentional and/or controlled release/blowdown (Barrels):	
11. Estimated volume of commodity recovered (Barrels):	
12. Were there fatalities?	No
- If Yes, specify the number in each category:	
12a. Operator employees	
12b. Contractor employees working for the Operator	
12c. Non-Operator emergency responders	
12d. Workers working on the right-of-way, but NOT associated with this Operator	
12e. General public	
12f. Total fatalities (sum of above)	
13. Were there injuries requiring inpatient hospitalization?	No
- If Yes, specify the number in each category:	
13a. Operator employees	
13b. Contractor employees working for the Operator	
13c. Non-Operator emergency responders	
13d. Workers working on the right-of-way, but NOT	

associated with this Operator	
13e. General public	
13f. Total injuries (sum of above)	
14. Was the pipeline/facility shut down due to the Accident?	No
- If No, Explain:	PRODUCT WAS PUMPED OUT OF THE LEAKING TANK
- If Yes, complete Questions 14a and 14b: *(use local time, 24-hr clock)*	
14a. Local time and date of shutdown:	
14b. Local time pipeline/facility restarted:	
- Still shut down? (* Supplemental Report Required)	
15. Did the commodity ignite?	No
16. Did the commodity explode?	No
17. Number of general public evacuated:	
18. Time sequence *(use local time, 24-hour clock)*:	
18a. Local time Operator identified Accident:	01/13/2011 08:00
18b. Local time Operator resources arrived on site:	01/13/2011 08:00
PART B - ADDITIONAL LOCATION INFORMATION	
1. Was the origin of Accident onshore?	Yes
If Yes, Complete Questions (2-12)	
If No, Complete Questions (13-15)	
- If Onshore:	
2. State:	Texas
3. Zip Code:	79938
4. City	EL PASO
5. County or Parish	EL PASO
6. Operator-designated location:	
Specify:	
7. Pipeline/Facility name:	EL PASO TERMINAL
8. Segment name/ID:	
9. Was Accident on Federal land, other than the Outer Continental Shelf (OCS)?	No
10. Location of Accident:	Totally contained on Operator-controlled property
11. Area of Accident (as found):	Tank, including attached appurtenances
Specify:	
- If Other, Describe:	
Depth-of-Cover (in):	
12. Did Accident occur in a crossing?	No
- If Yes, specify below:	
- If Bridge crossing –	
Cased/ Uncased:	
- If Railroad crossing –	
Cased/ Uncased/ Bored/drilled	
- If Road crossing –	
Cased/ Uncased/ Bored/drilled	
- If Water crossing –	
Cased/ Uncased	
- Name of body of water, if commonly known:	
- Approx. water depth (ft) at the point of the Accident:	
- Select:	
- If Offshore:	
13. Approximate water depth (ft) at the point of the Accident:	
14. Origin of Accident:	
- In State waters - Specify:	
- State:	
- Area:	
- Block/Tract #:	
- Nearest County/Parish:	
- On the Outer Continental Shelf (OCS) - Specify:	
- Area:	
- Block #:	
15. Area of Accident:	
PART C - ADDITIONAL FACILITY INFORMATION	
1. Is the pipeline or facility:	Interstate
2. Part of system involved in Accident:	Onshore Breakout Tank or Storage Vessel, including Attached Appurtenances
- If Onshore Breakout Tank or Storage Vessel, Including Attached Appurtenances, specify:	Atmospheric or Low Pressure
3. Item involved in Accident:	Tank/Vessel

- If Pipe, specify:	
3a. Nominal diameter of pipe (in):	
3b. Wall thickness (in):	
3c. SMYS (Specified Minimum Yield Strength) of pipe (psi):	
3d. Pipe specification:	
3e. Pipe Seam , specify:	
- If Other, Describe:	
3f. Pipe manufacturer:	
3g. Year of manufacture:	
3h. Pipeline coating type at point of Accident, specify:	
- If Other, Describe:	
- If Weld, including heat-affected zone, specify:	
- If Other, Describe:	
- If Valve, specify:	
- If Mainline, specify:	
- If Other, Describe:	
3i. Manufactured by:	
3j. Year of manufacture:	
- If Tank/Vessel, specify:	Single Bottom System
- If Other - Describe:	
- If Other, describe:	
4. Year item involved in Accident was installed:	2009
5. Material involved in Accident:	Carbon Steel
- If Material other than Carbon Steel, specify:	
6. Type of Accident Involved:	Leak
- If Mechanical Puncture – Specify Approx. size:	
in. (axial) by	
in. (circumferential)	
- If Leak - Select Type:	Crack
- If Other, Describe:	
- If Rupture - Select Orientation:	
- If Other, Describe:	
Approx. size: in. (widest opening) by	
in. (length circumferentially or axially)	
- If Other – Describe:	

PART D - ADDITIONAL CONSEQUENCE INFORMATION

1. Wildlife impact:	No
1a. If Yes, specify all that apply:	
- Fish/aquatic	
- Birds	
- Terrestrial	
2. Soil contamination:	No
3. Long term impact assessment performed or planned:	No
4. Anticipated remediation:	No
4a. If Yes, specify all that apply:	
- Surface water	
- Groundwater	
- Soil	
- Vegetation	
- Wildlife	
5. Water contamination:	No
5a. If Yes, specify all that apply:	
- Ocean/Seawater	
- Surface	
- Groundwater	
- Drinking water: *(Select one or both)*	
- Private Well	
- Public Water Intake	
5b. Estimated amount released in or reaching water (Barrels):	
5c. Name of body of water, if commonly known:	
6. At the location of this Accident, had the pipeline segment or facility been identified as one that "could affect" a High Consequence Area (HCA) as determined in the Operator's Integrity Management Program?	Yes
7. Did the released commodity reach or occur in one or more High Consequence Area (HCA)?	Yes
7a. If Yes, specify HCA type(s): *(Select all that apply)*	
- Commercially Navigable Waterway:	
Was this HCA identified in the "could affect"	

determination for this Accident site in the Operator's Integrity Management Program?	
- High Population Area:	Yes
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	Yes
- Other Populated Area	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Unusually Sensitive Area (USA) - Drinking Water	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
- Unusually Sensitive Area (USA) - Ecological	
Was this HCA identified in the "could affect" determination for this Accident site in the Operator's Integrity Management Program?	
8. Estimated cost to Operator :	
8a. Estimated cost of public and non-Operator private property damage paid/reimbursed by the Operator	$ 0
8b. Estimated cost of commodity lost	$ 0
8c. Estimated cost of Operator's property damage & repairs	$ 42,315
8d. Estimated cost of Operator's emergency response	$ 0
8e. Estimated cost of Operator's environmental remediation	$ 0
8f. Estimated other costs	$ 15,000
Describe:	COSTS INCURRED BY TANK CONTRACTOR FOR WARRANTY WORK - NOT PAID BY BUCKEYE
8g. Estimated total costs (sum of above)	$ 57,315

PART E - ADDITIONAL OPERATING INFORMATION

1. Estimated pressure at the point and time of the Accident (psig):	.00
2. Maximum Operating Pressure (MOP) at the point and time of the Accident (psig):	.00
3. Describe the pressure on the system or facility relating to the Accident (psig):	Pressure did not exceed MOP
4. Not including pressure reductions required by PHMSA regulations (such as for repairs and pipe movement), was the system or facility relating to the Accident operating under an established pressure restriction with pressure limits below those normally allowed by the MOP?	No
- If Yes, Complete 4.a and 4.b below:	
4a. Did the pressure exceed this established pressure restriction?	
4b. Was this pressure restriction mandated by PHMSA or the State?	
5. Was "Onshore Pipeline, Including Valve Sites" OR "Offshore Pipeline, Including Riser and Riser Bend" selected in PART C, Question 2?	No
- If Yes - *(Complete 5a. – 5f. below)*	
5a. Type of upstream valve used to initially isolate release source:	
5b. Type of downstream valve used to initially isolate release source:	
5c. Length of segment isolated between valves (ft):	
5d. Is the pipeline configured to accommodate internal inspection tools?	
- If No, Which physical features limit tool accommodation? *(select all that apply)*	
- Changes in line pipe diameter	
- Presence of unsuitable mainline valves	
- Tight or mitered pipe bends	
- Other passage restrictions (i.e. unbarred tee's, projecting instrumentation, etc.)	
- Extra thick pipe wall (applicable only for magnetic flux leakage internal inspection tools)	
- Other -	
- If Other, Describe:	
5e. For this pipeline, *are* there operational factors which significantly complicate the execution of an internal inspection tool run?	
- If Yes, Which operational factors complicate execution? *(select all that apply)*	

- Excessive debris or scale, wax, or other wall buildup	
- Low operating pressure(s)	
- Low flow or absence of flow	
- Incompatible commodity	
- Other -	
- If Other, Describe:	
5f. Function of pipeline system:	
6. Was a Supervisory Control and Data Acquisition (SCADA)-based system in place on the pipeline or facility involved in the Accident?	Yes
If Yes -	
6a. Was it operating at the time of the Accident?	Yes
6b. Was it fully functional at the time of the Accident?	Yes
6c. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	No
6d. Did SCADA-based information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	No
7. Was a CPM leak detection system in place on the pipeline or facility involved in the Accident?	Yes
- If Yes:	
7a. Was it operating at the time of the Accident?	Yes
7b. Was it fully functional at the time of the Accident?	Yes
7c. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the detection of the Accident?	No
7d. Did CPM leak detection system information (such as alarm(s), alert(s), event(s), and/or volume calculations) assist with the confirmation of the Accident?	No
8. How was the Accident initially identified for the Operator?	Local Operating Personnel, including contractors
- If Other, Specify:	
8a. If "Controller", "Local Operating Personnel", including contractors", "Air Patrol", or "Guard Patrol by Operator or its contractor" is selected in Question 8, specify the following:	Operator employee
9. Was an investigation initiated into whether or not the controller(s) or control room issues were the cause of or a contributing factor to the Accident?	No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: (provide an explanation for why the Operator did not investigate)
- If No, the Operator did not find that an investigation of the controller(s) actions or control room issues was necessary due to: *(provide an explanation for why the operator did not investigate)*	THE RELEASE WAS SO SMALL (<1 GALLON) THAT IT WASN'T DETECTABLE BY THE CONTROL CENTER
- If Yes, specify investigation result(s): *(select all that apply)*	
- Investigation reviewed work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
- Investigation did NOT review work schedule rotations, continuous hours of service (while working for the Operator), and other factors associated with fatigue	
Provide an explanation for why not:	
- Investigation identified no control room issues	
- Investigation identified no controller issues	
- Investigation identified incorrect controller action or controller error	
- Investigation identified that fatigue may have affected the controller(s) involved or impacted the involved controller(s) response	
- Investigation identified incorrect procedures	
- Investigation identified incorrect control room equipment operation	
- Investigation identified maintenance activities that affected control room operations, procedures, and/or controller response	
- Investigation identified areas other than those above:	
Describe:	
PART F - DRUG & ALCOHOL TESTING INFORMATION	
1. As a result of this Accident, were any Operator employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
1a. Specify how many were tested:	

1b. Specify how many failed:	
2. As a result of this Accident, were any Operator contractor employees tested under the post-accident drug and alcohol testing requirements of DOT's Drug & Alcohol Testing regulations?	No
- If Yes:	
2a. Specify how many were tested:	
2b. Specify how many failed:	

PART G – APPARENT CAUSE

Select only one box from PART G in shaded column on left representing the APPARENT Cause of the Accident, and answer the questions on the right. Describe secondary, contributing or root causes of the Accident in the narrative (PART H).

Apparent Cause:	G8 - Other Incident Cause

G1 - Corrosion Failure - only one **sub-cause** can be picked from shaded left-hand column

External Corrosion:	
Internal Corrosion:	
- If External Corrosion:	
1. Results of visual examination:	
- If Other, Describe:	
2. Type of corrosion: *(select all that apply)*	
- Galvanic	
- Atmospheric	
- Stray Current	
- Microbiological	
- Selective Seam	
- Other:	
- If Other, Describe:	
3. The type(s) of corrosion selected in Question 2 is based on the following: *(select all that apply)*	
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
4. Was the failed item buried under the ground?	
- If Yes :	
4a. Was failed item considered to be under cathodic protection at the time of the Accident?	
If Yes - Year protection started:	
4b. Was shielding, tenting, or disbonding of coating evident at the point of the Accident?	
4c. Has one or more Cathodic Protection Survey been conducted at the point of the Accident?	
If "Yes, CP Annual Survey" – Most recent year conducted:	
If "Yes, Close Interval Survey" – Most recent year conducted:	
If "Yes, Other CP Survey" – Most recent year conducted:	
- If No:	
4d. Was the failed item externally coated or painted?	
5. Was there observable damage to the coating or paint in the vicinity of the corrosion?	
- If Internal Corrosion:	
6. Results of visual examination:	
- Other:	
7. Type of corrosion *(select all that apply)*: -	
- Corrosive Commodity	
- Water drop-out/Acid	
- Microbiological	
- Erosion	
- Other:	
- If Other, Describe:	
8. The cause(s) of corrosion selected in Question 7 is based on the following *(select all that apply)*: -	
- Field examination	
- Determined by metallurgical analysis	
- Other:	
- If Other, Describe:	
9. Location of corrosion *(select all that apply)*: -	
- Low point in pipe	
- Elbow	

- Other:	
- If Other, Describe:	
10. Was the commodity treated with corrosion inhibitors or biocides?	
11. Was the interior coated or lined with protective coating?	
12. Were cleaning/dewatering pigs (or other operations) routinely utilized?	
13. Were corrosion coupons routinely utilized?	
Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Tank/Vessel.	
14. List the year of the most recent inspections:	
14a. API Std 653 Out-of-Service Inspection	
- No Out-of-Service Inspection completed	
14b. API Std 653 In-Service Inspection	
- No In-Service Inspection completed	
Complete the following if any Corrosion Failure sub-cause is selected AND the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.	
15. Has one or more internal inspection tool collected data at the point of the Accident?	
15a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: -	
- Magnetic Flux Leakage Tool	
Most recent year:	
- Ultrasonic	
Most recent year:	
- Geometry	
Most recent year:	
- Caliper	
Most recent year:	
- Crack	
Most recent year:	
- Hard Spot	
Most recent year:	
- Combination Tool	
Most recent year:	
- Transverse Field/Triaxial	
Most recent year:	
- Other	
Most recent year:	
Describe:	
16. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
If Yes -	
Most recent year tested:	
Test pressure:	
17. Has one or more Direct Assessment been conducted on this segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident::	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
18. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
18a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
G2 - Natural Force Damage - only one **sub-cause** can be picked from shaded left-handed column	
Natural Force Damage – Sub-Cause:	
- If Earth Movement, NOT due to Heavy Rains/Floods:	

1. Specify:	
- If Other, Describe:	
- If Heavy Rains/Floods:	
2. Specify:	
- If Other, Describe:	
- If Lightning:	
3. Specify:	
- If Temperature:	
4. Specify:	
- If Other, Describe:	
- If High Winds:	
- If Other Natural Force Damage:	
5. Describe:	
Complete the following if any Natural Force Damage sub-cause is selected.	
6. Were the natural forces causing the Accident generated in conjunction with an extreme weather event?	
6a. If Yes, specify: *(select all that apply)*	
- Hurricane	
- Tropical Storm	
- Tornado	
- Other	
- If Other, Describe:	
G3 - Excavation Damage - only one **sub-cause** can be picked from shaded left-hand column	
Excavation Damage – Sub-Cause:	
- If Excavation Damage by Operator (First Party):	
- If Excavation Damage by Operator's Contractor (Second Party):	
- If Excavation Damage by Third Party:	
- If Previous Damage due to Excavation Activity:	
Complete Questions 1-5 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.	
1. Has one or more internal inspection tool collected data at the point of the Accident?	
1a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run: -	
- Magnetic Flux Leakage	
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted:	
- Geometry	
Most recent year conducted:	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
2. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
3. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
4. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident:	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	

Most recent year conducted:	
5. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
5a. If Yes, for each examination, conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
Complete the following if Excavation Damage by Third Party is selected as the sub-cause.	
6. Did the operator get prior notification of the excavation activity?	
6a. If Yes, Notification received from: *(select all that apply)* -	
- One-Call System	
- Excavator	
- Contractor	
- Landowner	
Complete the following mandatory CGA-DIRT Program questions if any Excavation Damage sub-cause is selected.	
7. Do you want PHMSA to upload the following information to CGA-DIRT (www.cga-dirt.com)?	
8. Right-of-Way where event occurred: *(select all that apply)* -	
- Public	
- If "Public", Specify:	
- Private	
- If "Private", Specify:	
- Pipeline Property/Easement	
- Power/Transmission Line	
- Railroad	
- Dedicated Public Utility Easement	
- Federal Land	
- Data not collected	
- Unknown/Other	
9. Type of excavator:	
10. Type of excavation equipment:	
11. Type of work performed:	
12. Was the One-Call Center notified?	
12a. If Yes, specify ticket number:	
12b. If this is a State where more than a single One-Call Center exists, list the name of the One-Call Center notified:	
13. Type of Locator:	
14. Were facility locate marks visible in the area of excavation?	
15. Were facilities marked correctly?	
16. Did the damage cause an interruption in service?	
16a. If Yes, specify duration of the interruption (hours)	
17. Description of the CGA-DIRT Root Cause *(select only the one predominant first level CGA-DIRT Root Cause and then, where available as a choice, the one predominant second level CGA-DIRT Root Cause as well):*	
Root Cause:	
- If One-Call Notification Practices Not Sufficient, specify:	
- If Locating Practices Not Sufficient, specify:	
- If Excavation Practices Not Sufficient, specify:	
- If Other/None of the Above, explain:	
G4 - Other Outside Force Damage - *only one **sub-cause** can be selected from the shaded left-hand column*	
Other Outside Force Damage – Sub-Cause:	
- If Nearby Industrial, Man-made, or Other Fire/Explosion as Primary Cause of Incident:	
- If Damage by Car, Truck, or Other Motorized Vehicle/Equipment NOT Engaged in Excavation:	
1. Vehicle/Equipment operated by:	
- If Damage by Boats, Barges, Drilling Rigs, or Other Maritime Equipment or Vessels Set Adrift or Which Have Otherwise Lost	

Their Mooring:	
2. Select one or more of the following IF an extreme weather event was a factor:	
- Hurricane	
- Tropical Storm	
- Tornado	
- Heavy Rains/Flood	
- Other	
- If Other, Describe:	
- If Routine or Normal Fishing or Other Maritime Activity NOT Engaged in Excavation:	
- If Electrical Arcing from Other Equipment or Facility:	
- If Previous Mechanical Damage NOT Related to Excavation:	
Complete Questions 3-7 ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is Pipe or Weld.	
3. Has one or more internal inspection tool collected data at the point of the Accident?	
3a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:	
- Magnetic Flux Leakage	
Most recent year conducted:	
- Ultrasonic	
Most recent year conducted:	
- Geometry	
Most recent year conducted:	
- Caliper	
Most recent year conducted:	
- Crack	
Most recent year conducted:	
- Hard Spot	
Most recent year conducted:	
- Combination Tool	
Most recent year conducted:	
- Transverse Field/Triaxial	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
4. Do you have reason to believe that the internal inspection was completed BEFORE the damage was sustained?	
5. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
6. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident:	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site:	
Most recent year conducted:	
7. Has one or more non-destructive examination been conducted at the point of the Accident since January 1, 2002?	
7a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted:	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
- If Intentional Damage:	
8. Specify:	
- If Other, Describe:	
- If Other Outside Force Damage:	

9. Describe:	
G5 - Material Failure of Pipe or Weld - only one **sub-cause** can be selected from the shaded left-hand column	
Use this section to report material failures ONLY IF the "Item Involved in Accident" (from PART C, Question 3) is "Pipe" or "Weld."	
Material Failure of Pipe or Weld – Sub-Cause:	
1. The sub-cause selected below is based on the following: *(select all that apply)*	
- Field Examination	
- Determined by Metallurgical Analysis	
- Other Analysis	
- If "Other Analysis", Describe:	
- Sub-cause is Tentative or Suspected; Still Under Investigation (Supplemental Report required)	
- If Construction, Installation, or Fabrication-related:	
2. List contributing factors: *(select all that apply)*	
- Fatigue or Vibration-related	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Original Manufacturing-related (NOT girth weld or other welds formed in the field):	
2. List contributing factors: *(select all that apply)*	
- Fatigue or Vibration-related:	
Specify:	
- If Other, Describe:	
- Mechanical Stress:	
- Other	
- If Other, Describe:	
- If Environmental Cracking-related:	
3. Specify:	
- Other - Describe:	
Complete the following if any Material Failure of Pipe or Weld sub-cause is selected.	
4. Additional factors: *(select all that apply)*:	
- Dent	
- Gouge	
- Pipe Bend	
- Arc Burn	
- Crack	
- Lack of Fusion	
- Lamination	
- Buckle	
- Wrinkle	
- Misalignment	
- Burnt Steel	
- Other:	
- If Other, Describe:	
5. Has one or more internal inspection tool collected data at the point of the Accident?	
5a. If Yes, for each tool used, select type of internal inspection tool and indicate most recent year run:	
- Magnetic Flux Leakage	
Most recent year run:	
- Ultrasonic	
Most recent year run:	
- Geometry	
Most recent year run:	
- Caliper	
Most recent year run:	
- Crack	
Most recent year run:	
- Hard Spot	
Most recent year run:	
- Combination Tool	
Most recent year run:	
- Transverse Field/Triaxial	
Most recent year run:	
- Other	

Most recent year run:	
Describe:	
6. Has one or more hydrotest or other pressure test been conducted since original construction at the point of the Accident?	
- If Yes:	
Most recent year tested:	
Test pressure (psig):	
7. Has one or more Direct Assessment been conducted on the pipeline segment?	
- If Yes, and an investigative dig was conducted at the point of the Accident -	
Most recent year conducted:	
- If Yes, but the point of the Accident was not identified as a dig site -	
Most recent year conducted:	
8. Has one or more non-destructive examination(s) been conducted at the point of the Accident since January 1, 2002?	
8a. If Yes, for each examination conducted since January 1, 2002, select type of non-destructive examination and indicate most recent year the examination was conducted: -	
- Radiography	
Most recent year conducted:	
- Guided Wave Ultrasonic	
Most recent year conducted:	
- Handheld Ultrasonic Tool	
Most recent year conducted:	
- Wet Magnetic Particle Test	
Most recent year conducted:	
- Dry Magnetic Particle Test	
Most recent year conducted:	
- Other	
Most recent year conducted:	
Describe:	
G6 – Equipment Failure - only one **sub-cause** can be selected from the shaded left-hand column	
Equipment Failure – Sub-Cause:	
- If Malfunction of Control/Relief Equipment:	
1. Specify: *(select all that apply)* -	
- Control Valve	
- Instrumentation	
- SCADA	
- Communications	
- Block Valve	
- Check Valve	
- Relief Valve	
- Power Failure	
- Stopple/Control Fitting	
- ESD System Failure	
- Other	
- If Other – Describe:	
- If Pump or Pump-related Equipment:	
2. Specify:	
- If Other – Describe:	
- If Threaded Connection/Coupling Failure:	
3. Specify:	
- If Other – Describe:	
- If Non-threaded Connection Failure:	
4. Specify:	
- If Other – Describe:	
- If Defective or Loose Tubing or Fitting:	
- If Failure of Equipment Body (except Pump), Tank Plate, or other Material:	
- If Other Equipment Failure:	
5. Describe:	
Complete the following if any Equipment Failure sub-cause is selected.	
6. Additional factors that contributed to the equipment failure: *(select all that apply)*	
- Excessive vibration	
- Overpressurization	
- No support or loss of support	

- Manufacturing defect	
- Loss of electricity	
- Improper installation	
- Mismatched items (different manufacturer for tubing and tubing fittings)	
- Dissimilar metals	
- Breakdown of soft goods due to compatibility issues with transported commodity	
- Valve vault or valve can contributed to the release	
- Alarm/status failure	
- Misalignment	
- Thermal stress	
- Other	
- If Other, Describe:	

G7 - Incorrect Operation - only one **sub-cause** can be selected from the shaded left-hand column

Incorrect Operation – Sub-Cause:	
Damage by Operator or Operator's Contractor NOT Related to Excavation and NOT due to Motorized Vehicle/Equipment Damage	No
Tank, Vessel, or Sump/Separator Allowed or Caused to Overfill or Overflow	No
1. Specify:	
- If Other, Describe:	
Valve Left or Placed in Wrong Position, but NOT Resulting in a Tank, Vessel, or Sump/Separator Overflow or Facility Overpressure	No
Pipeline or Equipment Overpressured	No
Equipment Not Installed Properly	No
Wrong Equipment Specified or Installed	No
Other Incorrect Operation	No
2. Describe:	
Complete the following if any Incorrect Operation sub-cause is selected.	
3. Was this Accident related to *(select all that apply)*: -	
- Inadequate procedure	
- No procedure established	
- Failure to follow procedure	
- Other:	
- If Other, Describe:	
4. What category type was the activity that caused the Accident?	
5. Was the task(s) that led to the Accident identified as a covered task in your Operator Qualification Program?	
5a. If Yes, were the individuals performing the task(s) qualified for the task(s)?	

G8 - Other Accident Cause - only one **sub-cause** can be selected from the shaded left-hand column

Other Accident Cause – Sub-Cause:	Miscellaneous
- If Miscellaneous:	
1. Describe:	1/4 INCH LONG CRACK IN FLOOR PLATE
- If Unknown:	
2. Specify:	

PART H - NARRATIVE DESCRIPTION OF THE ACCIDENT

DURING A ROUTINE FACILITY CHECK ON THE MORNING OF JANUARY 13, 2011, LOCAL OPERATING PERSONNEL DISCOVERED A STAIN ON THE CONCRETE FOUNDATION OF TANK 1001. THE STAIN APPEARED TO BE GASOLINE AND WAS CONTAINED TO THE TANK FOUNDATION AND DID NOT IMPACT THE GROUND. EMERGENCY RESPONSE PROCEDURES WERE INITIATED. THE PROCESS FOR EMPTYING THE TANK

WAS STARTED.
THE AREA AROUND THE TANK WAS MONITORED FOR ANY ADDITIONAL PRODUCT UNTIL THE TANK WAS COMPLETELY EMPTY ON JANUARY 18, 2011. NO ADDITIONAL RELEASED PRODUCT WAS DETECTED DURING THIS TIME.
AFTER THE TANK WAS COMPLETELY EMPTY, THE VAPORS WERE REMOVED TO MAKE IT SAFE FOR PERSONNEL TO ENTER. ON JANUARY 19, 2011 PERSONNEL ENTERED THE TANK TO BEGIN DETERMINING THE SOURCE OF THE RELEASE USING VACUUM BOX TESTING. DUE TO THE SMALL SIZE OF THE RELEASE POINT, IT WAS VERY DIFFICULT TO DETECT. OTHER TEST METHODS SUCH AS HELIUM TESTING AND MAGNETIC PARTICLE TESTING LOCATED THE RELEASE POINT TO BE A 1/4 INCH LONG CRACK IN A WELD ON A FLOOR PLATE. THE AFFECTED SECTION OF FLOOR PLATE WAS CUT OUT AND REPLACED.
THE REPAIR COSTS WERE COVERED BY THE TANK CONTRACTOR UNDER THE WARRANTY ON THE TANK. BUCKEYE'S COSTS WERE LESS THAN THE $50,000 REQUIREMENT FOR FILING AN ACCIDENT REPORT; HOWEVER, PHMSA HAS REQUESTED THAT BUCKEYE FILE THIS ACCIDENT REPORT DUE TO THE FACT THAT BUCKEYE'S COSTS AND THE CONTRACTOR WARRANY COSTS EXCEED THE $50,000 REQUIREMENT FOR FILING.

File Full Name

PART I - PREPARER AND AUTHORIZED SIGNATURE

Preparer's Name	JOHN REINBOLD
Preparer's Title	GROUP LEADER-REGULATORY COMPLIANCE
Preparer's Telephone Number	610-904-4185
Preparer's E-mail Address	JREINBOLD@BUCKEYE.COM
Preparer's Facsimile Number	610-904-4545
Authorized Signature's Name	JOHN REINBOLD
Authorized Signature Title	GROUP LEADER-REGULATORY COMPLIANCE
Authorized Signature Telephone Number	610-904-4185
Authorized Signature Email	JREINBOLD@BUCKEYE.COM
Date	10/24/2011

NATIONAL RESPONSE CENTER 1-800-424-8802
*** For Public Use ***
Information released to a third party shall comply with any
applicable federal and/or state Freedom of Information and Privacy Laws

Incident Report # 964719

INCIDENT DESCRIPTION

*Report taken at 11:30 on 14-JAN-11
Incident Type: FIXED
Incident Cause: UNKNOWN
Affected Area:
The incident was discovered on 13-JAN-11 at 08:00 local time.
Affected Medium: LAND

SUSPECTED RESPONSIBLE PARTY

Organization: BUCKEYE GULFCOAST PIPELINE LP
LIBERTY, TX

Type of Organization: PRIVATE ENTERPRISE

INCIDENT LOCATION

13551-B EAST MONTANA AVE County: EL PASO
City: EL PASO State: TX

RELEASED MATERIAL(S)

CHRIS Code: GAS Official Material Name: GASOLINE: AUTOMOTIVE (UNLEADED)
Also Known As:
Qty Released: 0 UNKNOWN AMOUNT

DESCRIPTION OF INCIDENT

CALLER REPORTED A STAIN FROM A PRODUCT ON A RING WALL. THERE IS NO AMOUNT DETERMINED AS OF YET.

INCIDENT DETAILS

Package: N/A
Building ID:
Type of Fixed Object: OTHER
Power Generating Facility: UNKNOWN
Generating Capacity:
Type of Fuel:
NPDES:
NPDES Compliance: UNKNOWN

DAMAGES

Fire Involved: NO Fire Extinguished: UNKNOWN

INJURIES:	NO	Hospitalized:	Empl/Crew:	Passenger:
FATALITIES:	NO	Empl/Crew:	Passenger:	Occupant:
EVACUATIONS:	NO	Who Evacuated:	Radius/Area:	
Damages:	NO			

Closure Type		Description of Closure	Length of Closure	Direction of Closure
Air:	N			
Road:	N			
Waterway:	N			
Track:	N			

Major Artery: N

Passengers Transferred: NO
Environmental Impact: UNKNOWN

Media Interest: NONE Community Impact due to Material:

REMEDIAL ACTIONS

INVESTIGATION UNDERWAY

Release Secured: UNKNOWN
Release Rate:
Estimated Release Duration:

WEATHER

Weather: UNKNOWN, °F

ADDITIONAL AGENCIES NOTIFIED

Federal: NONE
State/Local: NONE
State/Local On Scene: NONE
State Agency Number: NONE

NOTIFICATIONS BY NRC

CALCASIEU PARISH SHERIFF'S DEPT (CRIMINAL INTELLIGENCE UNIT)
14-JAN-11 11:34
NATIONAL COMMUNICATIONS CENTER (COMMAND CENTER)
14-JAN-11 11:34
NATIONAL COMMUNICATIONS CENTER (COMMAND CENTER (2ND FAX #))
14-JAN-11 11:34
DOT CRISIS MANAGEMENT CENTER (MAIN OFFICE)
14-JAN-11 11:34
U.S. EPA VI (MAIN OFFICE)
14-JAN-11 11:35
ISJRT RGN VI (MAIN OFFICE)
14-JAN-11 11:34
JFO-LA (COMMAND CENTER)
14-JAN-11 11:34
NATIONAL INFRASTRUCTURE COORD CTR (MAIN OFFICE)
14-JAN-11 11:34
NOAA RPTS FOR TX (MAIN OFFICE)
14-JAN-11 11:34
NTSB PIPELINE (MAIN OFFICE)
14-JAN-11 11:34
TCEQ (MAIN OFFICE)
14-JAN-11 11:34
TEXAS STATE OPERATIONS CENTER (COMMAND CENTER)
14-JAN-11 11:34

ADDITIONAL INFORMATION

NONE

*** END INCIDENT REPORT # 964719 ***

The National Response Center is strictly an initial report taking agency and does not participate in the investigation or incident response. The NRC receives initial reporting information only and notifies Federal and State On-Scene Coordinators for response. The NRC does not verify nor does it take follow-on incident information. Verification of data and incident response is the sole responsibility of Federal/State On-Scene Coordinators. Data contained within the FOIA Web Database is initial information only. All reports provided via this server are for informational purposes only. Data to be used in legal proceedings must be obtained via written correspondence from the NRC.