

	U.S. Department of Transportation Pipeline and Hazardous Materials <b>Safety Administration</b>	<b>NATIONAL REGISTRY NOTIFICATION</b>	<b>DOT USE ONLY</b> <b>C-20201119-24809</b>
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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 2137-0627. Public reporting for this collection of information is estimated to be approximately 15 minutes per response, 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.

<b>STEP 1 – ENTER BASIC NOTIFICATION INFORMATION</b>	
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1. Operator's PHMSA-issued Operator Identification Number (OPID): **12876**
2. Current name of Operator assigned to this OPID: **DOMINION ENERGY UTAH/WYOMING/IDAHO**
3. Operator Headquarters address: **333 SOUTH STATE STREET, P.O. BOX 45360**  
 City: **SALT LAKE CITY** State: **UT** Zip Code: **84111**
4. Date of this notification: **11**      **19**      **20**  
 Month                      Day                      Year
5. Name of Operator contact for this notification:  
 Last: **Hess** First: **Reid** MI:
6. Phone number and Email address of Operator contact for this notification: **(801)245-9652 reid.hess@dominionenergy.com**
7. Select the type of pipelines and/or facilities involved in this notification: *(select all that apply)*
  - LNG Plant or Facility
  - Gas Distribution
  - Gas Transmission
  - Gas Gathering
  - Hazardous Liquid
  - Underground Natural Gas Storage (UNGS) Facility
8. Select Interstate and/or Intrastate, and then the states where the pipelines and/or facilities involved in this Operator Registry Notification are located:
  - Interstate :    -
  - Intrastate :

<b>STEP 2 – SELECT TYPE OF NOTIFICATION</b>	
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**TYPE C – SHARED SAFETY PROGRAM CHANGE**

*Important Instruction to Operator: When a common PHMSA-required pipeline safety program exists which covers assets having multiple OPID numbers, the Operators assigned those OPIDs are required to inform PHMSA as to which one of the various OPIDs is "primary" for the purposes of PHMSA inspections and National Registry Reporting (e.g., which OPID should be contacted and referred to when PHMSA or a state exercising jurisdiction intends to inspect that safety program), and must do so for each PHMSA-required pipeline safety program listed below.*

1. List the new Operator-designated "primary" OPID for each common PHMSA-required pipeline safety program associated with this notification. The previous "primary" OPID will be populated from PHMSA data. Those programs not selected below will be considered to not have changed: *(select all that apply)*

<p><b><u>GAS DISTRIBUTION</u></b></p> <p><b><i>For ALL facilities...</i></b></p> <p>1a. <input type="checkbox"/> Anti-Drug Plan and Alcohol Misuse Plan (199.101, 199.202) New: <b>12876</b> Previous: <b>2714</b> Indicate the effective date for this change(s): <b>11</b> <b>01</b> <b>20</b> Month Day Year</p> <p>1b. <input type="checkbox"/> Procedure Manual for Operations, Maintenance, and Emergencies (192.605, 192.615, 195.402 , 193.2017, 192.12) New: Previous: Indicate the effective date for this change(s): Month Day Year</p> <p><b><i>For Gas Distribution, Gas Gathering, Gas Transmission, or Hazardous Liquid Pipeline Facilities</i></b></p> <p>1c. <input type="checkbox"/> Damage Prevention Program (192.614, 195.442) New: Previous: Indicate the effective date for this change(s): Month Day Year</p> <p>1d. <input type="checkbox"/> Public Awareness/Education Program (192.616, 195.440) New: Previous: Indicate the effective date for this change(s): Month Day Year</p> <p>1e. <input type="checkbox"/> Control Room Management Procedures (192.631, 195.446) New: Previous: Indicate the effective date for this change(s): Month Day Year</p> <p>1f. <input type="checkbox"/> Operator Qualification Program (192.805, 195.505) New: Previous: Indicate the effective date for this change(s): Month Day Year</p> <p><b><i>For Gas Distribution, Gas Transmission, Hazardous Liquid Pipeline Facilities, or UNGS Facilities</i></b></p> <p>1g. <input type="checkbox"/> Integrity Management Program (192.907, 192.1005, 195.452 , 192.12) New: Previous: Indicate the effective date for this change(s): Month Day Year</p> <p><b><i>For Hazardous Liquid Pipeline Facilities...</i></b></p> <p>1h. <input type="checkbox"/> Response Plan for Onshore Oil Pipelines (or Alternative State Plan) (194.101) New: Previous: Indicate the effective date for this change(s): Month Day Year</p>	
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Notice: This report is required by 49 CFR Parts 191 and 195. Failure to report may result in a civil penalty as provided in 49 USC 60122.

Form Approved: 01/22/2020  
OMB No. 2137-0627  
Expiration Date: 01/31/2023

ATTACHMENTS