Failure Investigation Report - Columbia Seneca Compressor Gas Venting - Activity ID 128518

Principal Investigator David Hippchen WV PSC

Regional Director Byron Coy

Date of Report 03/03/2011

Subject Failure Investigation Report – Columbia Seneca

Compressor Gas Venting

Summary:

Early on the morning of April 4, 2009, the grid power to the Seneca Compressor Station was momentarily interrupted. The loss of power caused two electrically driven air compressors that supplied instrument and safety system air to a new compressor building to drop off line and stay off line until manually reset. The station was unmanned at the time, and no personnel were available to reset the power. The air pressure continued to drop until the lack of balancing pressure triggered a building shutdown for Units 5 & 6. The building shutdown system vented gas at three locations, but the block valves did not isolate the building from working line pressure. Gas continued to vent until about 7:40 AM, when Columbia Gas personnel arrived at the station

Operator, Location, & Consequences

Date & Time of Failure: April 4, 2009, 5:00 AM

Commodity Released: Natural Gas

City/County & State: Seneca Rocks, Pendleton County, WV

OpID & Operator Name 2616 Columbia Gas Transmission

Unit # & Unit Name 67791 WB System Seneca Compressor

SMART Activity #: 128518

Milepost / Location Latitude 38.8813

Longitude: -79.3762

Type of Failure: Gas Venting

Fatalities: 0

Injuries 0

Description of area

impacted

Rural

Property damage / gas loss \$101,335

System Details

Seneca Compressor Station

Events Leading up to the Failure

At approximately 2:40 AM on the morning of April 4 the purchased electrical power at Seneca CS dropped off for an instant. One result of this brief power interruption was the loss of the service of the two electric driven air compressors used to supply instrument air pressure to the new compressor equipment. For approximately 2 hours and 20 minutes (from the time of the power interruption until 5:00 AM) the instrument air pressure slowly leaked down from 105 psi to approximately 10 psi at which point the springs in the valve actuators drove the vent valves open.

Failure Investigation Report - Columbia Seneca Compressor Gas Venting - Activity ID 128518

Emergency Response

Columbia Gas personnel responded several hours after the venting started and isolated the system.

Summary of initial start-up plan and return-to-service, including preliminary safety measures

The Columbia Gas root cause analysis identified the following improvements that were implemented.

- 1. Modify the electrical control for the new air compressors to allow the units to remain on during brief power interruption.
- 2. Enable station alarms to alert Monitoring Center of low air pressure condition.
- 3. Open valve to allow both safety air systems to work together.
- 4. Modify electrical control on air systems to interlock block valve / blowdown valve combination.

Investigation Findings & Contributing Factors

Five causal factors contributed to this incident.

- 1. The loss of service of the new air compressors
- 2. No alarms were sent to the Monitoring Center upon loss of new air compressor service or for low instrument air pressure
- 3. There was no backup supply of pressurized instrument air to the new facilities
- 4. The block valves associated with the new building shutdown system were not equipped with spring loaded actuators
- 5. The building shutdown vent valves were not interlocked with the building shutdown block valves.

Appendices

| 1 | Email Notification 901801 |
|---|-------------------------------|
| 2 | Incident Report 20090041-7021 |
| 3 | Root Cause Analysis |
| 4 | NRC Report 901801 |
| 5 | Мар |
| | |

128518 Appendix 1 - Email Notification 901801

Hippchen, David

From: dino.rathod@dot.gov

Sent: Monday, April 06, 2009 6:42 AM

To: Hippchen, David

Cc: stephen.gliebe@dot.gov; Mike.Yazemboski@dot.gov

Subject: FW: NRC#901801: Release of natural gas from transmission pipeline in Charleston, WV

I e-mailed you earleir during the weeeknd thru my Blackberry. Please review and follow-up. I will appreciate your e-mail update

Dino N. Rathod, P.E.
State Liaison Rep-Eastern Region
Pipeline & Hazardous Materials Safety Administration
U S Dept of Transportation
Te:202-260-8505 (W)
202-368-5514 (cell)
e-mail: dino.rathod@dot.gov

From: CMC-01 <OST>

Sent: Saturday, April 04, 2009 9:47 AM

To: PHP Accident/Incident Cadre < PHMSA>; PHMSA PHP100 EASTERN

Cc: CMC-01 <OST>; CMC-02 <OST>; Dick Gray; Golas, Gary <OST>; Plummer, Douglas <OST>; Powell,

Winslow <OST>; Stuckey, William <OST>

Subject: NRC#901801: Release of natural gas from transmission pipeline in Charleston, WV

What: A caller is reporting that a compressor malfunctioned on a natural gas pipeline causing a release of an unknown quantity of natural gas into the atmosphere.

When: Charleston, WV

Where: 04-APR-09 at 07:30 local incident time

NATIONAL RESPONSE CENTER 1-800-424-8802

GOVERNMENT USE ONLYGOVERNMENT USE ONLY***

Information released to a third party shall comply with any applicable federal and/or state Freedom of Information and Privacy Laws

Incident Report # 901801

INCIDENT DESCRIPTION

*Report taken by: E4 NICHOLAS PROCKO at 08:58 on 04-APR-09

Incident Type: PIPELINE

Incident Cause: EQUIPMENT FAILURE

Affected Area:

Incident was discovered on 04-APR-09 at 07:30 local incident time.

Affected Medium: AIR INTO THE ATMOSPHERE

128518 Appendix 1 - Email Notification 901801

REPORTING PARTY

MARY FRIEND Name:

Organization: COLUMBIA GULF TRANSMISSION

1700 MACORKLE AVE

Address:

CHARLESTON, WV

COLUMBIA GULF TRANSMISSION reported for the responsible party.

PRIMARY Phone: (304)3895222

Type of Organization: PRIVATE ENTERPRISE

SUSPECTED RESPONSIBLE PARTY

Name:

MARY FRIEND

Organization: COLUMBIA GULF TRANSMISSION

1700 MACORKLE AVE

CHARLESTON, WV

PRIMARY Phone: (304)3895222

INCIDENT LOCATION

1700 MACORKLE AVE

County: PENDLETON

State: WV City: CHARLESTON

RELEASED MATERIAL(S)

CHRIS Code: ONG

Official Material Name: NATURAL GAS

Also Known As:

Qty Released: 0 UNKNOWN AMOUNT

DESCRIPTION OF INCIDENT

THE CALLER IS REPORTING THAT A COMPRESSOR MALFUNCTIONED ON A NATURAL GAS PIPELINE CAUSING A RELEASE OF AN UNKNOWN QUANTITY OF NATURAL GAS

INTO THE ATMOSPHERE.

SENSITIVE INFORMATION

INCIDENT DETAILS

Pipeline Type: TRANSMISSION

DOT Regulated: UNKNOWN

Pipeline Above/Below Ground: BELOW

Exposed or Under Water: NO Pipeline Covered: UNKNOWN

IMPACT

Fire Involved: NO Fire Extinguished: UNKNOWN

INJURIES: NO Hospitalized:

Empl/Crew:

Passenger: Occupant:

FATALITIES: NO EVACUATIONS: NO Empl/Crew: Who Evacuated: Passenger:

Radius/Area:

Damages: NO

Direction of Hours

Closure Type Description of Closure

Closure Closed

N

Air:

N

Major Artery:N

Road:

128518 Appendix 1 - Email Notification 901801

N

Waterway:

N

Track:

Environmental Impact: UNKNOWN

Media Interest: NONE Community Impact due to Material:

REMEDIAL ACTIONS

THE STATION WAS SHUT-IN.

Release Secured: YES

Release Rate:

Estimated Release Duration:

WEATHER

Weather: CLEAR, °F

ADDITIONAL AGENCIES NOTIFIED

Federal: NONE State/Local: NONE

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

NOTIFICATIONS BY NRC

ATLANTIC STRIKE TEAM (MAIN OFFICE)

04-APR-09 09:05 (609)7240008

USCG ICC (ICC ONI)

04-APR-09 09:05 (301)6693363

CG INVESTIGATIVE SERVICE BALTIMORE (MAIN OFFICE)

04-APR-09 09:05 (410)5762555

INFO FOR CRITICAL MFG SECTOR (MAIN OFFICE)

04-APR-09 09:05 (703)2353049

DOT CRISIS MANAGEMENT CENTER (MAIN OFFICE)

04-APR-09 09:05 (202)3661863

U.S. EPA III (MAIN OFFICE)

(215)8149016

NATIONAL INFRASTRUCTURE COORD CTR (MAIN OFFICE)

04-APR-09 09:05 (202)2829201

NOAA RPTS FOR WV (MAIN OFFICE)

04-APR-09 09:05 (206)5264911

SECTOR OHIO VALLEY (COMMAND CENTER)

04-APR-09 09:05 (502)7795422

VA DEPT EMERGENCY MANANGEMENT (MAIN OFFICE)

04-APR-09 09:05 (804)6742400

WEST VIRGINIA DEP (MAIN OFFICE)

04-APR-09 09:05 (304)5585938

WV DEP ATTN: DUTY OFFICER (MAIN OFFICE)

04-APR-09 09:05 (800)6423074

WV DEP SPILL LINE (MAIN OFFICE)

04-APR-09 09:05 (304)3683960

ADDITIONAL INFORMATION

THE CALLER HAD NO ADDITIONAL INFORMATION.

*** END INCIDENT REPORT #901801 ***

Report any problems by calling 1-800-424-8802 PLEASE VISIT OUR WEB SITE AT http://www.nrc.uscg.mil



INCIDENT REPORT – GAS TRANSMISSION AND GATHERING SYSTEMS

Report Date April 28, 2009

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

Report format corresponds to Form PHMSA F 7100.2 (01-2002)

No. 20090041 - 7021

| DART A CEL | IEDAL INICODAL | TION | | | |
|-----------------------|-----------------------|---------------------|------------------------|----------------|--------------|
| PARIA - GEN | IERAL INFORMA | ATION | | 1 | |
| N | Original Report | Y | Supplemental Report | Y | Final Report |
| 1. Operator Nam | | A. 1 | | | |
| | -digit Identification | | 2616 | | |
| | loes not own the pi | | | | |
| | Identification Num | ber (wnen | | | |
| known) c. Name of Ope | orotor | | COLLIMBIA CAS | TRANSMISSION | LCORD |
| d. Operator str | | | 1700 MACCORK | | ICORP |
| e. Operator ad | | City | CHARLESTON | LE AVE SE | |
| e. Operator au | | County or Parish | KANAWHA | | |
| | | State | WV | | |
| | | Zip code | 25314 | | |
| 2. Time and date | of the incident | Zip codc | 20014 | | |
| 2. Time and date | or the incluent | Hour | 07:12 | | |
| | Da | ate of the incident | 4/4/2009 | | |
| 3. Location of in | | ato or the molderit | 1/7/2003 | | |
| | arest street or road | | RT 28 | | |
| b. City | 2.001 011001 01 1000 | | SENECA ROCKS | S | |
| County or Pa | arish | | PENDLETON | <u> </u> | |
| c. State | 211311 | | WV | | |
| Zip Code | | | 26884 | | |
| d. Mile Post/Va | lve Station | | | RESSOR STATIC |)N |
| e. Survey Stati | | | OLIVEO/ COM | | |
| f. Latitude | 011110 | | 38.8813 | | |
| Longitude | | | -79.3762 | | |
| g. Class location | on description | | | | |
| | ass Location) | | 1 | | |
| Offshore | , | | N | | |
| Area | | | | | |
| Block # | | | | | |
| State | | | | | |
| Outer C | ontinental Shelf | | N | | |
| h. Accident o | on Federal Land oth | ner than Outer | N | | |
| Continental S | Shelf | | | | |
| i. Is pipeline Int | | | Υ | | |
| 4. Type of leak of | or rupture | | | | |
| Leak or Ruptur | | | OTHER | | |
| Type of Leak | | | | | |
| - Puncture | | (inches) | | | |
| Type of Rup | | | | | |
| - Tear/Cra | | (inches) | | | |
| - Propagat | tion Length, total, b | oth sides (feet) | | | |
| Other (speci | fy) | | COMPRESSOR DOWN | STATION BUILDI | NG BLOW |
| 5. Consequence | s | | | | |
| a. Fatality | | | No | | |
| | ber of people | | 0 | | |
| | ployees | | 0 | | |
| | neral Public | | 0 | | |
| | n-employee Contra | | 0 | | |
| | uiring inpatient hosp | oitalization | No | | |
| Total num | ber of people | | 0 | | |

128518 Appendix 2 - Incident Report 20090041-7021

| 128518 Appendix 2 - Incident Report 20090041-7021 | | | | | | |
|---|-----------------------|--|--|--|--|--|
| Employees | 0 | | | | | |
| General Public | 0 | | | | | |
| Non-employee Contractors | 0 | | | | | |
| c. Property damage/loss (estimated) | Yes | | | | | |
| Total \$ | 101,335 | | | | | |
| Gas loss \$ | 101,335 | | | | | |
| Operator damage \$ | 0 | | | | | |
| Public/private property damage \$ | 0 | | | | | |
| d. Release Occurred in a 'High Consequence Area' | N | | | | | |
| e. Gas Ignited / Gas did not ignite | Gas did not Ignite | | | | | |
| f. Explosion / No Explosion | NO EXPLOSION | | | | | |
| g. Evacuation (general public only) | N | | | | | |
| Number of people | 0 | | | | | |
| Evacuation Reason | | | | | | |
| 6. Elapsed time until area was made safe | | | | | | |
| Hours | 2 | | | | | |
| Minutes | 40 | | | | | |
| 7. Telephone Report | | | | | | |
| NRC Report Number | 901801 | | | | | |
| Date | 4/4/2009 | | | | | |
| 8. Pressure | | | | | | |
| a. Estimated pressure at point and time of incident (PSIG) | 731.00 | | | | | |
| b. Max. allowable operating pressure (MAOP) (PSIG) | 1000.00 | | | | | |
| c. MAOP established by 49 CFR section | 49 CFR 192.619(a)(2) | | | | | |
| d. Did an over pressurization occur relating to the incident? | N | | | | | |
| PART B – PREPARER AND AUTHORIZED SIGNAT | IIRE | | | | | |
| Preparer's Name | MARK NEWMAN | | | | | |
| Preparer's Title | TV/ UCC (NE VVIV) UV | | | | | |
| Area Code and Telephone Number | 3047228475 | | | | | |
| Preparer's E-mail Address | MNEWMAN@NISOURCE.COM | | | | | |
| Area Code and Facsimile Number | 3047228420 | | | | | |
| PART C – ORIGIN OF THE INCIDENT | | | | | | |
| Incident occurred on | TRANSMISSION | | | | | |
| 2. Failure occurred on | OTHER | | | | | |
| Other (specify) | LOST ELECTRICAL POWER | | | | | |
| 3. Material involved (pipe, fitting, or other | STEEL | | | | | |
| component) | | | | | | |
| Plastic failure was | | | | | | |
| a. ductile | N | | | | | |
| b. brittle | N | | | | | |
| c. joint failure | N | | | | | |
| Material other than plastic or steel | 00110050000 | | | | | |
| 4. Part of the system involved in incident | COMPRESSOR | | | | | |
| Other (specify) | | | | | | |
| 5. Year the pipe or component which failed was | 2008 | | | | | |
| installed | | | | | | |
| PART D – MATERIAL SPECIFICATION | | | | | | |
| 1.Nominal pipe size (NPS) (inches) | | | | | | |
| Wall thickness inches Specification | | | | | | |
| SMYS | | | | | | |
| 4. Seam type | | | | | | |
| 5. Valve type | | | | | | |
| 6. Pipe or valve manufactured by | | | | | | |
| in year | | | | | | |
| PART E - ENVIRONMENT | | | | | | |
| 1. Area of incident | OTHER | | | | | |
| Other (specify) | COMPRESSOR STATION | | | | | |
| Outor (opoony) | COM NECOCK CIATION | | | | | |

128518 Appendix 2 - Incident Report 20090041-7021

| 1203 to Appendix 2 - Ilicia | ent Kepo | 11 2003 | 70041-70 | / Z I | | |
|---|----------|---------|----------|--------------|---|-----|
| Depth of cover (inches) | | | | | | |
| PART F – APPARENT CAUSE | | | | | | |
| F1 – CORROSION | | | | | | |
| External Corrosion | | | | | | |
| 2. Internal Corrosion | | | | | | |
| Complete items a-e where applicable | | | | | | |
| | I | | | | | |
| a. Pipe Coating | | | | | | |
| b. Visual Examination | | | | | | |
| Other (specify) | | | | | | |
| c. Cause of Corrosion | | | | | | |
| Other (specify) | | | | | | |
| d. Was corroded part of pipeline considered to | | | | | | |
| be under cathodic protection prior to discovering | | | | | | |
| incident? | | | | | | |
| Year Protection Started | | | | | | |
| e. Was pipe previously damaged in the area of | | | | | | |
| corrosion? | | | | | | |
| How long prior to incident? Years | | | | | | |
| Months | | | | | | |
| F2 – NATURAL FORCES | | | | | | |
| 3. Earth Movement | | | | | | |
| Description | | | | | | |
| Other (specify) | | | | | | |
| 4. Lightning | | | | | | |
| 5. Heavy Rains/Floods | | | | | | |
| | | | | | | |
| Description | | | | | | |
| Other (specify) | | | | | | |
| 6. Temperature | | | | | | |
| Description | | | | | | |
| Other (specify) | | | | | | |
| 7. High Winds | | | | | | |
| F3 - EXCAVATION | | | | | | |
| Operator Excavation Damage (including their | | | | | | |
| contractors) / Not Third Party | | | | | | |
| Third Party Excavation Damage | | | | | | |
| a. Excavator group | | | | | | |
| b. Type | | | | | | |
| Other (specify) | | | | | | |
| c. Did operator get prior notification of | | | | | | |
| excavation activity? | | | | | | |
| Date received | | mo. | | day | | yr. |
| Notification received from | | | l | | I | 1) |
| d. Was pipeline marked? | | | | | | |
| Temporary markings | | | | | | |
| Permanent markings | | | | | | |
| Marks were | | | | | | |
| | | | | | | |
| Were marks made within required time? | | | | | | |
| F4 – OTHER OUTSIDE FORCE DAMAGE | ı | | | | | |
| 10. Fire/Explosion as primary cause of failure | | | | | | |
| Description | | | | | | |
| 11. Car, truck or other vehicle not relating to | | | | | | |
| excavation activity damaging pipe | | | | | | |
| 12. Rupture of Previously Damaged Pipe | | | | | | |
| 13. Vandalism | | | | | | |
| F5 – MATERIAL AND WELDS | | | | | | |
| Material | | | | | | |
| 14. Body of Pipe | | | | | | |
| Description | | | | | | |
| Other (specify) | | | | | | |
| 15. Component | | | | | | |
| | | | | | | |
| Description Other (specify) | | | | | | |
| | i . | | | | | |

128518 Appendix 2 - Incident Report 20090041-7021

| 16. Joint | |
|---|----------------------------------|
| Description | |
| Other (specify) | |
| Weld | |
| 17. Butt | |
| Description | |
| Other (specify) | |
| 18. Fillet | |
| Description | |
| Other (specify) | |
| 19. Pipe Seam | |
| Description | |
| Other (specify) | |
| Complete a-g if you indicate any cause in part F5 | |
| a. Type of failure | |
| Construction Defect | NO DATA |
| Description | |
| Material Defect | NO DATA |
| b. Was failure due to pipe damage sustained in | |
| transportation to the construction or fabrication site? | |
| c. Was part which leaked pressure tested before | |
| incident occurred? | |
| d. Date of test | |
| Month | |
| Day | |
| Year | |
| e. Test medium | |
| Other (specify) | |
| f. Time held at test pressure hr | |
| g. Estimated test pressure at point of incident | |
| (PSIG) | |
| F6 – EQUIPMENT AND OPERATIONS | |
| 20. Malfunction of Control/Relief Equipment | Yes |
| Description | OTHER |
| <u> </u> | COMPRESSOR STATION BUILDING BLOW |
| Other (specify) | DOWN |
| 21. Threads Stripped, Broken Pipe Coupling | |
| Description | |
| Other (specify) | |
| 22. Ruptured or Leaking Seal/Pump Packing | |
| 23. Incorrect Operation | |
| a. Type | |
| Other (specify) | |
| b. Number of employees involved who failed post | -incident test |
| Drug test | includin toot |
| Alcohol test | |
| c. Were most senior employee(s) involved | |
| qualified? | |
| d. Hours on duty | |
| F7 – OTHER | |
| 24. Miscellaneous | |
| 27. WIGOGIIANGOUS | |
| | |
| Description | |
| 25. Unknown | |
| Description | |
| • | |

PART G - NARRATIVE DESCRIPTION OF FACTORS CONTRIBUTING TO THE EVENT

DURING THE NIGHT, THE COMMERCIAL POWER TO THE STATION WAS BRIEFLY INTERRUPTED. THE POWER LOSS CAUSED THE AIR COMPRESSORS TO TURN OFF. DUE TO A SLOW LEAK SLOW LEAK, THE PRESSURE FELL ON THE AIR SYSTEM, AT WHICH POINT THE VENT VALVES OPENED, BLOWING DOWN ONE COMPRESSOR BUILDING AND THE ASSOCIATED FUEL GAS SYSTEM. CONTROLS TO AIR COMPRESSOR HAVE BEEN MODIFIED TO ALLOW UNITS TO STAY ON DURING BRIEF INTERRUPTIONS IN ELECTRIC POWER. COLUMBIA'S MONITORING CENTER IS ALSO NOW

128518 Appendix 2 - Incident Report 20090041-7021

ABLE TO MONITOR STATION AIR PRESSURE WHICH IS USED TO ACTIVATE THE STATION ESD SYSTEM.

Appendix 3 Root Cause Analysis

Columbia Gas Transmission Root Cause Analysis

This document is on file at PHMSA

128518 Appendix 4 - NRC Report 901801



Pipeline & Hazardous Materials Safety Administration

HMIS->INCIDENTS->TELEPHONICS

(Version 3.4.04 PROD)

Rules of Behavior

Home

Logout

Menu

| | [F | Return to Search] | | |
|--------------------|---------------------------------|------------------------|--|---|
| << Previous | | 11 of 1 | << Save >> | |
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| Danakadada Cama | | | | |
| | nents (max 250 characters) | , | annound the second seco | |
| IRC Number: | 901801 04/04/2009 | Call Time: | 08:58:59 | |
| | | | , | |
| | <u>Cal</u> | ler Information | | |
| irst Name: | MARY | Last Name: | FRIEND ; | |
| ompany Name: | COLUMBIA GULF TRANSI | MISSION | | |
| ddress: | 1700 MACORKLE AVE | | , | |
| ity: | CHARLESTON | State: | w | |
| Country: | USA | Zip: | | |
| hone 1: | 3043895222 | Phone 2: | 4 2 | |
| Organization Type: | PRIVAT | Is caller the spiller? | | |
| confidential: | ○Yes ● No ○ No Resp | | | |
| | | | | |
| | Disch | arger Information | | *************************************** |
| irst Name: | MARY | Last Name: | FRIEND | |
| ompany Name: | COLUMBIA GULF TRANSI | MISSION | | |
| ddress: | 1700 MACORKLE AVE | | · . | - |
| ity: | CHARLESTON | State: | w | cond |
| ountry: | USA | Zip: | and the state of t | |
| hone 1: | 3043895222 | Phone 2: | | |
| rganization Type: | PRIVA | 1110110 2. | | |
| rganization Type. | | | | |
| | | ill Information | | A . 10-8-10-00-00-00-00-00-00-00-00-00-00-00-00- |
| tate: | w | County: | PENDLETON | |
| earest City: | CHARLESTON | Zip Code: | LIDELION | |
| ocation | GIANLES ION . | LIP COUE. | | |
| .700 MACORKLE AVE | THE ORDER OF MINISTER PROPERTY. | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | | u 1 | | |
| | | | | |
| | | | | |
| | | | | |
| pill Date: | 04/04/2009 (mm/dd/yyyy) | Spill Time: | 07:30:00 (24hh:mm:ss) | |
| TG Type: | DISCOVERED | | (4-1111.00) | |
| cident Type | PIPELINE | Reported Incident Type | PIPELINE | |
| oldoni i jpo | t of both Cl the | . oported moldent Type | | |

 $\tt ittns://phmhanwas003/hmis/telephonics/Teledetail.asnx?showresult=Y\&ReceivedDate=\&ReceivedDa... 9/27/2010$

Distance from City:

Section:

Range:

128518 Appendix 4 - NRC Report 901801

Description THE CALLER IS REPORTING THAT A COMPRESSOR MALFUNCTIONED ON A NATURAL GAS PIPELINE CAUSING A RELEASE OF AN UNKNOWN QUANTITY OF NATURAL GAS INTO THE ATMOSPHERE. Materials Involved Vaterial / Chris Name Chris Code Total Qty Water Qty. **NATURAL GAS** ONG 0 UNKNOWN AMOUNT /ledium Type: AIR Additional Medium Information: INTO THE ATMOSPHERE njuries: Fatalites: Evacuations: No. of Evacuations: Damages: Yes
 No
 Unknown Damage Amount: Federal Agency Notified: Yes No Unknown State Agency Notified: Yes
 No
 Uπknown Other Agency Notified: Remedial Actions THE STATION WAS SHUT-IN. Additional Info THE CALLER HAD NO ADDITIONAL INFORMATION. atitude Degrees: Minutes: Seconds: Quadrant: .ongitude Degrees: Minutes: Seconds:

Direction:

Township:

Milepost:

uttps://phmhqnwas003/hmis/telenhonics/Teledetail.asnx?showresult=V&ReceivedDate=&ReceivedDa

Quadrant:

0/27/2010





