

Pipeline Failure Investigation Report

Pipeline System: Olympic Pipeline Company **Operator:** Olympic Pipeline/BP
Operator ID: 30781 **Unit Number:** south **Activity Number:** _____
Location: 2319 Lind Ave SW Renton WA **Date of Occurrence:** 9/24/2022
Material Released: Gasoline **Quantity:** 0.2 bbls, 10 gal
PHMSA Arrival Time & Date: UTC 09/26/2022 (1155) **Total Damages \$:** _____
Investigation Responsibility: State PHMSA NTSB Other _____

<i>Company Reported Apparent Cause:</i>	<i>Company Reported Sub-Cause (from PHMSA Form 7000-1/7100.2):</i>
<input type="checkbox"/> Corrosion	
<input type="checkbox"/> Natural Force Damage	
<input type="checkbox"/> Excavation Damage	
<input type="checkbox"/> Other Outside Force Damage	
<input type="checkbox"/> Material Failure (Pipe, Joint, Weld)	
<input checked="" type="checkbox"/> Equipment Failure	2. Pump seal/packing failure
<input type="checkbox"/> Incorrect Operation	
<input type="checkbox"/> Other	

<i>Accident/Incident Resulted in (check all that apply):</i>	<i>Comments:</i>
<input type="checkbox"/> Rupture	
<input checked="" type="checkbox"/> Leak	100% inside concrete containment
<input type="checkbox"/> Fire	
<input type="checkbox"/> Explosion	
<input type="checkbox"/> Evacuation	Number of Persons: _____ Area: _____

<i>Narrative Summary</i>
<p>Short summary of the Incident/Accident scenario</p> <p>Operator called in to report a leak of 0.6 bbls (25 gallons) of gasoline from Unit 3 pump on 14-inch Renton to Portland (South) line. Operator also indicated they had reported spill to NRC #1348192. All of the product was contained within secondary containment at the Renton Station. No product reached a water of the state. Operator reported the “inboard” seal of Unit 3 failed causing product to leak which triggered an alarm and shut down pump. These pumps use product to cool/lubricate the seal and excess product drips down and is collected into a box with a float alarm. If rate of influx is greater than drain capacity, box fills and float triggers alarm. Initial report was 0.6 bbls had spilled, but after vacuum truck cleaned up product, it was subsequently revised to 0.2 bbls (10 gallons) NRC #1348196 09/25/2022 (0032). Unit remained out of service until a planned shutdown starting 09/27/2022 where it was repaired with a new seal. Back in service date was 0700 10/01/2022.</p>

Region/State: WA **Reviewed by:** _____
Principal Investigator: Dennis Ritter **Title:** _____
Date: 09/26/2022 **Date:** _____

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Failure Location & Response			
Location (City, Township, Range, County/Parish): Renton WA			(Acquire Map)
Address or M.P. on Pipeline: 2319 Lind Ave SW	(1)	Type of Area (Rural, City): City	(1)
Coordinates of failure location (Latitude): 47.45821		(Longitude): -122.22467	
Date: 09/24/2022	Time of Failure: 1607		
Time Detected: 1607	Time Located: 1710		
How Located: Service Technician found product in sump within Renton Station			
NRC Report #: 1348192	(Attach Report)	Time Reported to NRC: 1820	Reported by: Paula Skryja
Type of Pipeline:			
Gas Distribution	Gas Transmission	Hazardous Liquid	___ LNG
<input type="checkbox"/> LP	<input type="checkbox"/> Interstate Gas	<input checked="" type="checkbox"/> Interstate Liquid	
<input type="checkbox"/> Municipal	<input type="checkbox"/> Intrastate Gas	<input type="checkbox"/> Intrastate Liquid	
<input type="checkbox"/> Public Utility	<input type="checkbox"/> Gas Gathering	<input type="checkbox"/> Offshore Liquid	
<input type="checkbox"/> Master Meter	<input type="checkbox"/> Offshore Gas	<input type="checkbox"/> Liquid Gathering	
	<input type="checkbox"/> Offshore Gas - High H ₂ S	<input type="checkbox"/> CO ₂	
		<input type="checkbox"/> Low Stress Liquid	
		<input type="checkbox"/> HVL	
Pipeline Configuration (Regulator Station, Pump Station, Pipeline, etc.): Pump seal failure on 14" Renton to Portland Unit 3 at Renton Station			

Operator/Owner Information			
Owner: BP Pipelines (North America) Inc. Address: MC 9S Wacker Drive Chicago, IL 60606		Operator: Olympic Pipeline Company Address: 2319 Lind Ave SW Renton, WA 98057	
Company Official: Gerald Maret, VP US Pipelines & Logistics		Company Official:	
Phone No.: 630 7302866	Fax No.:	Phone No. 888-271-8880	Fax No.
<u>Drug and Alcohol Testing Program Contacts</u>			___X N/A
Drug Program Contact & Phone:			
Alcohol Program Contact & Phone:			

1 Photo documentation

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<i>Damages</i>			
Product/Gas Loss or Spill ⁽²⁾ 0.2 bbls	Estimated Property Damage \$ 0		
Amount Recovered 0.2 bbls	Associated Damages ⁽³⁾ \$		
Estimated Amount \$			
Description of Property Damage: No property damage, spill into containment			
Customers out of Service:	__ Yes <u>X</u> No	Number:	
Suppliers out of Service:	__ Yes <u>X</u> No	Number:	

<i>Fatalities and Injuries</i>						<i>X N/A</i>
Fatalities:	__ Yes X No	Company:	Contractor:			Public:
Injuries - Hospitalization:	__ Yes X No	Company:	Contractor:			Public:
Injuries - Non-Hospitalization:	__ Yes X No	Company:	Contractor:			Public:
Total Injuries (including Non-Hospitalization):		Company:	Contractor:			Public:
Name	Job Function	Yrs. w/ Comp.	Yrs. Exp.	Type of Injury		

<i>Drug/Alcohol Testing</i>					<i>X N/A</i>
Were all employees that could have contributed to the incident, post-accident tested within the 2 hour time frame for alcohol or the 32 hour time frame for all other drugs?					
__ Yes No					
Job Function	Test Date & Time	Location	Results		Type of Drug
			Pos	Neg	

<i>System Description</i>

2 Initial volume lost or spilled
3 Including cleanup cost

Pipeline Failure Investigation Report

System Description

Describe the Operator's System:

Olympic Pipeline Company is owned by BPNA and Enbridge and BPNA is operator. Olympic Pipeline is roughly 400 miles of pipe in 257 miles of right of way. This pipeline is both inter and intrastate consisting of 12", 14", 16", and 20" pipelines. Olympic is one of the largest petroleum product pipelines in the Pacific Northwest, transporting gasoline, diesel, and jet fuel, with a capacity of 315,000 barrels. Two lines transport product from refineries at Cherry Point near Ferndale, WA (BP Cherry Point, Phillips 66 Ferndale) and from Anacortes refineries (Tesoro & Shell). These lines combine at Burlington, WA and run south to Renton. (16", .312 wt., X-52, 1440 MOP, 1965 construction) (looped in 1972 by 20", .250 wt., X-52, 960 MOP.

Unit 925

This inspection unit covers the segments from Cherry Point to Ferndale (5 miles of 16"), Ferndale to Allen (37.5 miles of 16"), Allen to Renton (75.4 miles of 16" & 20"), and from Anacortes to Allen (9 miles of 16"). The coating is coal tar over asbestos wrap. The system has five pump stations located at Cherry Point, Ferndale, Allen, Anacortes, and Woodinville (for 16" line only). There are six breakout tanks located in Bayview products terminal (T-202, 203, 204, 205, 206, & 209), one breakout tank each located in Anacortes station (T-117), Allen station (T-101), and one tank at Renton Station (T-116).

Unit 32965

This inspection unit covers the Renton pump station (MP 112) to Washington/Oregon state line (MP 253). The mainline pipeline consists of 14-inch, 0.281-inch wall thickness, API 5Lx52, ERW, U.S. steel, 1965. The river crossing consists of 14-inch, 0.500-inch wall thickness, API 5Lx42, ERW, California U.S. steel, 1965. The coating is coal tar over asbestos wrap. The system has four pump stations located at Renton, Tacoma, Olympia, and Castle Rock. There are no breakout tanks in this unit associated with the mainline.

Pipe Failure Description

X N/A

Length of Failure (inches, feet, miles):

(1)

Position (Top, Bottom, include position on pipe, 6 O'clock): (1)

Description of Failure (Corrosion Gouge, Seam Split):

(1)

Laboratory Analysis: ___ Yes ___ No

Performed by:

Preservation of Failed Section or Component: ___ Yes ___ No

If Yes - Method:

In Custody of:

Develop a sketch of the area including distances from roads, houses, stress inducing factors, pipe configurations, direction of flow, etc. Bar Hole Test Survey Plot, if included, should be outlined with concentrations at test points.

Component Failure Description

___ N/A

Component Failed:

Mechanical seal on inboard pump shaft of 14" Unit No. 3

(1)

Manufacturer:

Model:

Pressure Rating:

Size:

Other (Breakout Tank, Underground Storage):

Pipe Data

X N/A

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<i>Pipe Data</i>		<i>X N/A</i>
Material:	Wall Thickness/SDR:	
Diameter (O.D.):	Installation Date:	
SMYS:	Manufacturer:	
Longitudinal Seam:	Type of Coating:	
Pipe Specifications (API 5L, ASTM A53, etc.):		

<i>Joining</i>		<i>XN/A</i>
Type:	Procedure:	
NDT Method:	Inspected: ___ Yes ___ No	

<i>Pressure @ Time of Failure @ Failure Site</i>					<i>___ N/A</i>
Pressure @ Failure Site: 1356 psi			Elevation @ Failure Site: 28'		
Pressure Readings @ Various Locations:				Direction from Failure Site	
Location/M.P./Station #	Pressure (psig)	Elevation (ft msl)	Upstream	Downstream	
MP 112.5 Renton Station	1356	28			

<i>Upstream Pump Station Data</i>		<i>X N/A</i>
Type of Product:	API Gravity:	
Specific Gravity:	Flow Rate:	
Pressure @ Time of Failure ⁽⁴⁾	Distance to Failure Site:	
High Pressure Set Point:	Low Pressure Set Point:	

<i>Upstream Compressor Station Data</i>		<i>X N/A</i>
Specific Gravity:	Flow Rate:	
Pressure @ Time of Failure ⁽⁴⁾	Distance to Failure Site:	
High Pressure Set Point:	Low Pressure Set Point:	

<i>Operating Pressure</i>		<i>___ N/A</i>
Max. Allowable Operating Pressure: 1363	Determination of MAOP:	
Actual Operating Pressure: 1356		
Method of Over Pressure Protection: relief valve to breakout tank		
Relief Valve Set Point:	Capacity Adequate? X Yes ___ No	

<i>Integrity Test After Failure</i>		<i>X N/A</i>

4 Obtain event logs and pressure recording charts

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<i>Integrity Test After Failure</i>	<i>X N/A</i>
Pressure test conducted in place? (Conducted on Failed Components or Associated Piping):	___ Yes ___ No
If No, tested after removal?	___ Yes ___ No
Method:	
Describe any failures during the test.	

<i>Soil/water Conditions @ Failure Site</i>	<i>X N/A</i>
Condition of and Type of Soil around Failure Site (Color, Wet, Dry, Frost Depth):	
Type of Backfill (Size and Description):	
Type of Water (Salt, Brackish):	Water Analysis ⁽⁵⁾ ___ Yes ___ No

<i>External Pipe or Component Examination</i>	<i>X N/A</i>
External Corrosion? ___ Yes ___ No ⁽¹⁾	Coating Condition (Disbonded, Non-existent): ⁽¹⁾
Description of Corrosion:	
Description of Failure Surface (Gouges, Arc Burns, Wrinkle Bends, Cracks, Stress Cracks, Chevrons, Fracture Mode, Point of Origin):	
Above Ground: X Yes ___ No ⁽¹⁾	Buried: ___ Yes X No ⁽¹⁾
Stress Inducing Factors: ⁽¹⁾	Depth of Cover: ⁽¹⁾

<i>Cathodic Protection</i>	<i>X N/A</i>
P/S (Surface):	P/S (Interface):
Soil Resistivity: pH:	Date of Installation:
Method of Protection:	
Did the Operator have knowledge of Corrosion before the Incident? ___ Yes ___ No	
How Discovered? (Close Interval Survey, Instrumented Pig, Annual Survey, Rectifier Readings, ECDA, etc):	

<i>Internal Pipe or Component Examination</i>	<i>X N/A</i>
Internal Corrosion: ___ Yes ___ No ⁽¹⁾	Injected Inhibitors: ___ Yes ___ No

5 Attach copy of water analysis report

Pipeline Failure Investigation Report

<i>Internal Pipe or Component Examination</i>		<i>X N/A</i>
Type of Inhibitors:	Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Results (Coupon Test, Corrosion Resistance Probe):		
Description of Failure Surface (MIC, Pitting, Wall Thinning, Chevrons, Fracture Mode, Point of Origin):		
Cleaning Pig Program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gas and/or Liquid Analysis: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Results of Gas and/or Liquid Analysis ⁽⁶⁾		
Internal Inspection Survey: <input type="checkbox"/> Yes <input type="checkbox"/> No	Results ⁽⁷⁾	
Did the Operator have knowledge of Corrosion before the Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How Discovered? (Instrumented Pig, Coupon Testing, ICDA, etc.):		

<i>Outside Force Damage</i>		<i>X N/A</i>
Responsible Party:	Telephone No.:	
Address:		
Work Being Performed:		
Equipment Involved: ⁽¹⁾	Called One Call System? <input type="checkbox"/> Yes <input type="checkbox"/> No	
One Call Name:	One Call Report # ⁽⁸⁾	
Notice Date:	Time:	
Response Date:	Time:	
Details of Response:		
Was Location Marked According to Procedures? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pipeline Marking Type: ⁽¹⁾	Location: ⁽¹⁾	

- 6 Attach copy of gas and/or liquid analysis report
 7 Attach copy of internal inspection survey report
 8 Attach copy of one-call report

Pipeline Failure Investigation Report

<i>Outside Force Damage</i>		<i>X N/A</i>
State Law Damage Prevention Program Followed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No State Law		
Notice Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Response Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Operator Member of State One Call? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Operator on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did a deficiency in the Public Awareness Program contribute to the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is OSHA Notification Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<i>Natural Forces</i>	<i>X N/A</i>
Description (Earthquake, Tornado, Flooding, Erosion):	

<i>Failure Isolation</i>		<i>X N/A</i>
Squeeze Off/Stopple Location and Method:		(1)
Valve Closed - Upstream:	I.D.:	
Time:	M.P.:	
Valve Closed - Downstream:	I.D.:	
Time:	M.P.:	
Pipeline Shutdown Method: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> SCADA <input type="checkbox"/> Controller <input type="checkbox"/> ESD		
Failed Section Bypassed or Isolated:		
Performed By:	Valve Spacing:	

<i>Odorization</i>		<i>X N/A</i>
Gas Odorized: <input type="checkbox"/> Yes <input type="checkbox"/> No	Concentration of Odorant (Post Incident at Failure Site):	
Method of Determination: <input type="checkbox"/> Yes <input type="checkbox"/> No	% LEL: <input type="checkbox"/> Yes <input type="checkbox"/> No	% Gas In Air: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Time Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Odorizer Working Prior to the Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Odorizer (Wick, By-Pass):	
Odorant Manufacturer: Model:	Type of Odorant:	
Amount Injected:	Monitoring Interval (Weekly):	
Odorization History (Leaks Complaints, Low Odorant Levels, Monitoring Locations, Distances from Failure Site):		

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<i>Weather Conditions</i>		<i>X N/A</i>
Temperature:	Wind (Direction & Speed):	
Climate (Snow, Rain):	Humidity:	
Was Incident preceded by a rapid weather change? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Weather Conditions Prior to Incident (Cloud Cover, Ceiling Heights, Snow, Rain, Fog):		

<i>Gas Migration Survey</i>		<i>X N/A</i>
Bar Hole Test of Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Used:	
Method of Survey (Foundations, Curbs, Manholes, Driveways, Mains, Services) ⁽⁹⁾		⁽¹⁾

<i>Environment Sensitivity Impact</i>		<i>X N/A</i>
Location (Nearest Rivers, Body of Water, Marshlands, Wildlife Refuge, City Water Supplies that could be or were affected by the medium loss):		⁽¹⁾
OPA Contingency Plan Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Followed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<i>Class Location/High Consequence Area</i>		<i>X N/A</i>
Class Location: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	HCA Area? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Determination:	Determination:	
Odorization Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

<i>Pressure Test History</i>							<i>X N/A</i>
<i>(Expand List as Necessary)</i>							
	Req'd ⁽¹⁰⁾ Assessment Deadline Date	Test Date	Test Medium	Pressure (psig)	Duration (hrs)	% SMYS	
Installation	N/A						
Next							
Next							
Most Recent							
Describe any problems experienced during the pressure tests.							

<i>Internal Line Inspection/Other Assessment History</i>		<i>X N/A</i>
<i>(Expand List as Necessary)</i>		

9 Plot on site description page

10 As required of Pipeline Integrity Management regulations in 49CFR Parts 192 and 195

Pipeline Failure Investigation Report

Internal Line Inspection/Other Assessment History					X N/A
<i>(Expand List as Necessary)</i>					
	Req'd ⁽¹⁰⁾ Assessment Deadline Date	Assessment Date	Type of ILI Tool ⁽¹¹⁾	Other Assessment Method ⁽¹²⁾	Indicated Anomaly If yes, describe below
Initial					__ Yes __ No
Next					__ Yes __ No
Next					__ Yes __ No
Most Recent					__ Yes __ No
Describe any previously indicated anomalies at the failed pipe, and any subsequent pipe inspections (anomaly digs) and remedial actions.					

Pre-Failure Conditions and Actions	__ N/A
Was there a known pre-failure condition requiring ⁽¹⁰⁾ the operator to schedule evaluation and remediation? __ Yes (describe below or on attachment) <input checked="" type="checkbox"/> No	
If there was such a known pre-failure condition, had the operator established and adhered to a required ⁽¹⁰⁾ evaluation and remediation schedule? Describe below or on attachment. __ Yes __ No <input checked="" type="checkbox"/> N/A	
Prior to the failure, had the operator performed the required ⁽¹⁰⁾ actions to address the threats that are now known to be related to the cause of this failure? __ Yes __ No __ N/A List below or on an attachment such operator-identified threats, and operator actions taken prior to the accident.	
Describe any previously indicated anomalies at the failed pipe, and any subsequent pipe inspections (anomaly digs) and remedial actions. None	

Maps & Records	N/A
Are Maps and Records Current? ⁽¹³⁾ <input checked="" type="checkbox"/> Yes __ No	
Comments:	

Leak Survey History	X N/A
Leak Survey History (Trend Analysis, Leak Plots):	

11 MFL, TFI, UT, Combination, Geometry, etc.
 12 ECDA, ICDA, SCCDA, "other technology," etc.
 13 Obtain copies of maps and records

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<i>Pipeline Operation History</i>	___ N/A
Description (Repair or Leak Reports, Exposed Pipe Reports): The operator has had leaks on their system in the past 5 years, however, none were attributable to a failed seal. The seal on Unit 3 was installed in 2016. All OPL centrifugal pumps use the same seal—Jahn Crane Model 48VRS single cartridge rated at 2000 psi.	
Did a Safety Related Condition Exist Prior to Failure? ___ Yes X No Reported? ___ Yes ___ No	
Unaccounted For Gas: N/A	
Over & Short/Line Balance (24 hr., Weekly, Monthly/Trend): N/A above ground seal failure into containment	

<i>Operator/Contractor Error</i>		X N/A		
Name:	Job Function:			
Title:	Years of Experience:			
Training (Type of Training, Background):				
Was the person "Operator Qualified" as applicable to a precursor abnormal operating condition? ___ Yes ___ No ___ N/A				
Was qualified individual suspended from performing covered task ___ Yes ___ No ___ N/A				
Type of Error (Inadvertent Operation of a Valve):				
Procedures that are required:				
Actions that were taken:				
Pre-Job Meeting (Construction, Maintenance, Blow Down, Purging, Isolation):				
Prevention of Accidental Ignition (Tag & Lock Out, Hot Weld Permit):				
Procedures conducted for Accidental Ignition:				
Was a Company Inspector on the Job? ___ Yes ___ No				
Was an Inspection conducted on this portion of the job? ___ Yes ___ No				
Additional Actions (Contributing factors may include number of hours at work prior to failure or time of day work being conducted):				
Training Procedures:				
Operation Procedures:				
Controller Activities:				
Name	Title	Years Experience	Hours on Duty Prior to Failure	Shift

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<i>Operator/Contractor Error</i>				<i>X N/A</i>
Alarm Parameters:				
High/Low Pressure Shutdown:				
Flow Rate:				
Procedures for Clearing Alarms:				
Type of Alarm:				
Company Response Procedures for Abnormal Operations:				
Over/Short Line Balance Procedures:				
Frequency of Over/Short Line Balance:				
Additional Actions:				

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<i>Additional Actions Taken by the Operator</i> ___N/A
<p>Make notes regarding the emergency and Failure Investigation Procedures (Pressure reduction, Reinforced Squeeze Off, Clean Up, Use of Evacuators, Line Purging, closing Additional Valves, Double Block and Bleed, Continue Operating downstream Pumps):</p> <p>Operator called an OSRO to remove the product from the containment sump. Using water and a vacuum truck, OSRO removed 10 gallons of product. Subsequently, operator called NRC and adjusted initial release volume.</p>

<i>Photo Documentation ⁽¹⁾</i>			
Overall Area from best possible view. Pictures from the four points of the compass. Failed Component, Operator Action, Damages in Area, Address Markings, etc.			
Photo No.	Description	Photo No.	Description
1	See notes under each picture for description	16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
Camera Type: iPhone X			

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Site Description

Provide a sketch of the area including distances from roads, houses, stress inducing factors, pipe configurations, etc. Bar Hole Test Survey Plot should be outlined with concentrations at test points. Photos should be taken from all angles with each photo documented. Additional areas may be needed in any area of this guideline.

External Email

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 # 1348192

INCIDENT DESCRIPTION

*Report taken by NRC on 24-SEP-22 at 21:20 ET.

Incident Type: PIPELINE

Incident Cause: EQUIPMENT FAILURE

Affected Area:

Incident was discovered on 24-SEP-22 at 17:10 local incident time.

Affected Medium: OTHER / SECONDARY CONTAINMENT

SUSPECTED RESPONSIBLE PARTY

Organization: BP

RENTON, WA 98057

Type of Organization: PRIVATE ENTERPRISE

INCIDENT LOCATION

2319 LIND AVE SW County: KING

City: RENTON State: WA Zip: 98057

RELEASED MATERIAL(S)

CHRIS Code: GAS Official Material Name: GASOLINE: AUTOMOTIVE (UNLEADED)

Also Known As:

Qty Released: 25 GALLON(S)

DESCRIPTION OF INCIDENT

CALLER IS REPORTING AN ALARM SOUNDED AT 1614 HOURS. THERE WAS A DISCOVERY OF A SPILL OF GASOLINE INTO SECONDARY CONCRETE CONTAINMENT AT 1710 HOURS DUE TO AN EQUIPMENT FAILURE ON A PUMP ON AN ABOVE GROUND 14 INCH STEEL TRANSFER PIPELINE AT THE INCIDENT LOCATION.

INCIDENT DETAILS

Pipeline Failure Investigation Report

Pipeline Type: TRANSFER
DOT Regulated: YES
Pipeline Above/Below Ground: ABOVE
Exposed or Under Water: NO
Pipeline Covered: UNKNOWN

IMPACT

Fire Involved: NO Fire Extinguished: UNKNOWN

INJURIES: NO Sent to Hospital: Empl/Crew: Passenger:
FATALITIES: NO Empl/Crew: Passenger: Occupant:
EVACUATIONS:NO Who Evacuated: Radius/Area:

Damages: NO

Closure Type	Description of Closure	Hours Closed	Direction of Closure
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Air: NO

Road: NO	Major Artery:NO
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Waterway:NO

Track: NO

Passengers Transferred: NO
Environmental Impact: UNKNOWN
Media Interest: UNKNOWN

REMEDIAL ACTIONS

VAC TRUCK WILL BE USED TO RECOVER ALL OF THE GASOLINE.
Release Secured: YES
Release Rate:
Estimated Release Duration:

WEATHER

ADDITIONAL AGENCIES NOTIFIED

Federal:
State/Local:
State/Local On Scene:
State Agency Number:

NOTIFICATIONS BY NRC

CENTERS FOR DISEASE CONTROL (GRASP)
24-SEP-22 21:28
CBP TRADE PTNRSHIP AGAINST TERRORISM (LOS ANGELES FIELD OFFICE)

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24-SEP-22 21:28
DEPT OF HEALTH AND HUMAN SERVICES (SECRETARY OPERATION CENTER (SOC))
24-SEP-22 21:28
CUSTOMS AND BORDER PROTECTION (INTEL BRANCH/BLAINE SECTOR)
24-SEP-22 21:28
DHS CISA (CISA CENTRAL)
24-SEP-22 21:28
DHS CYBER & INFRASTRUCTURE SECURITY (OFC OF INFRASTRUCTURE PROTECTION RGN X)
24-SEP-22 21:28
OFFICE OF INFRASTRUCTURE PROTECTION (WA STATE PROTECTIVE SECURITY ADVISOR)
24-SEP-22 21:28
DOT CRISIS MANAGEMENT CENTER (MAIN OFFICE)
24-SEP-22 21:28
U.S. EPA X SEATTLE (MAIN OFFICE)

NATIONAL OCEAN SERVICE (OFFICE OF RESPONSE & RESTORATION)
24-SEP-22 21:28
NOAA RPTS FOR WA (MAIN OFFICE)
24-SEP-22 21:28
NTSB PIPELINE (MAIN OFFICE)
24-SEP-22 21:28
PIPELINE & HAZMAT SAFETY ADMIN (OFFICE OF PIPELINE SAFETY (AUTO))
24-SEP-22 21:28
PIPELINE & HAZMAT SAFETY ADMIN (HAZARDOUS MATERIAL ACCIDENT INVESTIGATION)
24-SEP-22 21:28
PORT OF SEATTLE (COMMAND CENTER)
24-SEP-22 21:28
REPORTING PARTY (RP SUBMITTER)
24-SEP-22 21:28
CITY OF SEATTLE, PUBLIC UTILITIES (SPILL RESPONSE TEAM)
24-SEP-22 21:28
SECTOR COLUMBIA RIVER (IMD-DD-PORTLAND DUTY PHONE)
24-SEP-22 21:28
SECTOR COLUMBIA RIVER (IMD-ASTORIA DUTY PHONE)
24-SEP-22 21:28
SECTOR COLUMBIA RIVER (IMD ASTORIA)
24-SEP-22 21:28
WA STATE EMERGENCY MANAGEMENT (MAIN OFFICE)
24-SEP-22 21:28
SUQUAMISH TRIBE (EMERGENCY MANAGEMENT)
24-SEP-22 21:28
USCG DISTRICT 13 (DISTRICT THIRTEEN (DRAT - DRMM))
24-SEP-22 21:28
WASHINGTON STATE FUSION CENTER (FUSION COMMAND CENTER)
24-SEP-22 21:28
KING COUNTY EMERGENCY MGMT (MAIN OFFICE)
24-SEP-22 21:28
WA UTILITIES & TRANSPORTATION COMM (PIPELINE SAFETY)
24-SEP-22 21:28
WA UTILITIES & TRANSPORTATION COMM (TRANSPORTATION SAFETY)

Pipeline Failure Investigation Report

24-SEP-22 21:28

ADDITIONAL INFORMATION

*** END INCIDENT REPORT #1348192 ***

Report any problems by calling 1-800-424-8802

PLEASE VISIT OUR WEB SITE AT

<https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fnc.uscg.mil%2F&data=05%7C01%7Cpipelineprogram%40utc.wa.gov%7C70ea757fc1bc4bcfa5ed08da9e956bc6%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C637996661854652541%7CUnknown%7CTWFpbGZsb3d8eyJWljiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6Ikl1haWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=1zBfMdfMI3Qz2oLcK9m3ZWo37LXQ3XqLdzWlh3DCrk%3D&reserved=0>

External Email

NATIONAL RESPONSE CENTER 1-800-424-8802

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Incident Report # 1348196

INCIDENT DESCRIPTION

*Report taken by NRC on 25-SEP-22 at 00:32 ET.

Incident Type: PIPELINE

Incident Cause: EQUIPMENT FAILURE

Affected Area:

Incident was discovered on 24-SEP-22 at 17:10 local incident time.

Affected Medium: OTHER / SECONDARY CONCRETE CONTAINMENT

SUSPECTED RESPONSIBLE PARTY

Organization: BP

RENTON, WA 98057

Type of Organization: PRIVATE ENTERPRISE

INCIDENT LOCATION

2319 LIND AVE SW County: KING

City: RENTON State: WA Zip: 98057

RELEASED MATERIAL(S)

CHRIS Code: GAS Official Material Name: GASOLINE: AUTOMOTIVE (UNLEADED)

Also Known As:

Qty Released: 10 GALLON(S)

DESCRIPTION OF INCIDENT

Pipeline Failure Investigation Report

///THIS IS AN UPDATE TO INCIDENT REPORT NUMBER 1348192.///

THE REPORTING PARTY UPDATED THE AMOUNT SPILLED INTO SECONDARY CONCRETE CONTAINMENT FROM 25 GALLONS OF GASOLINE TO 10 GALLONS OF GASOLINE. CALLER STATED CLEAN UP IS COMPLETED. CALLER STATED NOTIFICATIONS WERE MADE TO THE WASHINGTON DEPARTMENT OF ECOLOGY AND THE WASHINGTON UTC.

PREVIOUS INCIDENT DESCRIPTION:

CALLER IS REPORTING AN ALARM SOUNDED AT 1614 HOURS. THERE WAS A DISCOVERY OF A SPILL OF GASOLINE INTO SECONDARY CONCRETE CONTAINMENT AT 1710 HOURS DUE TO AN EQUIPMENT FAILURE ON A PUMP ON AN ABOVE GROUND 14 INCH STEEL TRANSFER PIPELINE AT THE INCIDENT LOCATION.

INCIDENT DETAILS

Pipeline Type: TRANSFER
DOT Regulated: YES
Pipeline Above/Below Ground: ABOVE
Exposed or Under Water: NO
Pipeline Covered: UNKNOWN

IMPACT

Fire Involved: NO Fire Extinguished: UNKNOWN

INJURIES: NO Sent to Hospital: Empl/Crew: Passenger:
FATALITIES: NO Empl/Crew: Passenger: Occupant:
EVACUATIONS:NO Who Evacuated: Radius/Area:

Damages: NO

Closure Type	Description of Closure	Hours	Direction of	Closed	Closure
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Air: NO

Road:	NO	Major	Artery:NO
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Waterway:NO

Track: NO

Passengers Transferred: NO
Environmental Impact: UNKNOWN
Media Interest: NONE

REMEDIAL ACTIONS

CLEANUP COMPLETED

Pipeline Failure Investigation Report

Release Secured: YES
Release Rate:
Estimated Release Duration:

WEATHER

ADDITIONAL AGENCIES NOTIFIED

Federal:
State/Local: WASH DOE, WASH UTC
State/Local On Scene:
State Agency Number: 22-3820

NOTIFICATIONS BY NRC

CENTERS FOR DISEASE CONTROL (GRASP)
25-SEP-22 00:42
CBP TRADE PTNRSHIP AGAINST TERRORISM (LOS ANGELES FIELD OFFICE)
25-SEP-22 00:42
DEPT OF HEALTH AND HUMAN SERVICES (SECRETARY OPERATION CENTER (SOC))
25-SEP-22 00:42
CUSTOMS AND BORDER PROTECTION (INTEL BRANCH/BLAINE SECTOR)
25-SEP-22 00:42
DHS CISA (CISA CENTRAL)
25-SEP-22 00:42
DHS CYBER & INFRASTRUCTURE SECURITY (OFC OF INFRASTRUCTURE PROTECTION RGN X)
25-SEP-22 00:42
OFFICE OF INFRASTRUCTURE PROTECTION (WA STATE PROTECTIVE SECURITY ADVISOR)
25-SEP-22 00:42
DOT CRISIS MANAGEMENT CENTER (MAIN OFFICE)
25-SEP-22 00:42
U.S. EPA X SEATTLE (MAIN OFFICE)

NATIONAL OCEAN SERVICE (OFFICE OF RESPONSE & RESTORATION)
25-SEP-22 00:42
NOAA RPTS FOR WA (MAIN OFFICE)
25-SEP-22 00:42
PIPELINE & HAZMAT SAFETY ADMIN (OFFICE OF PIPELINE SAFETY (AUTO))
25-SEP-22 00:42
PIPELINE & HAZMAT SAFETY ADMIN (HAZARDOUS MATERIAL ACCIDENT INVESTIGATION)
25-SEP-22 00:42
PORT OF SEATTLE (COMMAND CENTER)
25-SEP-22 00:42
REPORTING PARTY (RP SUBMITTER)
25-SEP-22 00:42
CITY OF SEATTLE, PUBLIC UTILITIES (SPILL RESPONSE TEAM)
25-SEP-22 00:42
SECTOR COLUMBIA RIVER (IMD-DD-PORTLAND DUTY PHONE)
25-SEP-22 00:42
SECTOR COLUMBIA RIVER (IMD-ASTORIA DUTY PHONE)

Pipeline Failure Investigation Report

25-SEP-22 00:42
SECTOR COLUMBIA RIVER (IMD ASTORIA)
25-SEP-22 00:42
WA STATE EMERGENCY MANAGEMENT (MAIN OFFICE)
25-SEP-22 00:42
SUQUAMISH TRIBE (EMERGENCY MANAGEMENT)
25-SEP-22 00:42
USCG DISTRICT 13 (DISTRICT THIRTEEN (DRAT - DRMM))
25-SEP-22 00:42
WASHINGTON STATE FUSION CENTER (FUSION COMMAND CENTER)
25-SEP-22 00:42
KING COUNTY EMERGENCY MGMT (MAIN OFFICE)
25-SEP-22 00:42
WA UTILITIES & TRANSPORTATION COMM (PIPELINE SAFETY)
25-SEP-22 00:42
WA UTILITIES & TRANSPORTATION COMM (TRANSPORTATION SAFETY)
25-SEP-22 00:42

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