**Dear Operator:** Please complete and deliver this form with your NPMS breakout tank submission to fulfill the Cover/Transmittal Letter requirement listed in Section 2.2 of the Operator Standards (<https://www.npms.phmsa.dot.gov/Documents/Operator_Standards.pdf>). Please complete a separate copy of this form for each Operator ID (OPID) in your breakout tank submission.

1. **Submission and Operator Information:**

Submission Date:

Operator ID:

Operator Name:

1. **Contact Information:**
* **Primary Contact (*required*).** This person must be an employee of the operating company and is only used by NPMS staff for questions about the Operator ID and its breakout tanks. This contact also receives general notifications from the NPMS that impact submissions, such as when the NPMS Operator Standards is updated or a reminder to operators about the submission deadline dates:

|  |  |
| --- | --- |
| First and Last Name: |  |
| Job Title:  |  |
| Company:  |  |
| Mailing Address: |  |
| City, State, Zip Code: |  |
| Work Phone Number:  |  |
| Work Email Address: |  |

* **Technical Contact (*required*).** This person puts together the submissions to the NPMS and is only used by NPMS Staff for questions about the submission(s) made to the NPMS. This person may be the same as the Primary Contact. This person may be an employee of the operating company or may be a contractor/consultant:

|  |  |
| --- | --- |
| First and Last Name: |  |
| Job Title:  |  |
| Company:  |  |
| Mailing Address: |  |
| City, State, Zip Code: |  |
| Work Phone Number:  |  |
| Work Email Address: |  |

1. **Does this Breakout tank data reflect conditions in the field as of December 31 of last year?**

[ ]  YES

[ ]  NO (*If not, you must provide an explanation under Question 8*)

1. **Write a brief description, if applicable, of the breakout tank data changes reflected in this submission** (e.g., sold/abandoned/purchased breakout tanks, etc.):

(NOTE: If there have been no changes to your breakout tank data since your last submission, a NPMS submission package is not required. In this case, please notify NPMS staff via email.)

(NOTE: If portions of your breakout tank data have been sold or transferred to another Operator ID, please provide details such as a description of which data, by TANK\_ID values preferably, were sold and to whom it was sold to. Please provide contact information for the purchasing company, if possible. If purchasing company is unknown, please state that here as well.)

1. **Select the Submission Type code from the options below that describes how this Breakout Tank submission for the OPID as a whole should be integrated into the NPMS:**

[ ]  **INI (Initial)**: This is the first breakout tank submission to the NPMS for this OPID and should only be selected if a breakout tank submission has never been made to the NPMS for this OPID. This submission type can only include additions as the revision type to the data.

[ ]  **FRP (Full Replacement)**: This submission should replace all breakout tank data currently in the NPMS for this OPID, and can include any type of revision ("C" for addition to the NPMS due to new construction, "J" for addition to the NPMS due to being new to the NPMS reporting requirement, "E" for addition to the NPMS due to not previously submitting in error, "Q" for addition to the NPMS due to an acquisition/transfer from another operator/OPID, "B" for spatial and/or attribute modification to a breakout tank point location included in the previous NPMS submittal for this OPID, or "N" for no change to the matching breakout tank included in the previous breakout tank NPMS submittal for this OPID) to the existing data.

[ ]  **RMV (Removal of OPID)**: This submission is to inform the NPMS that all of your breakout tank data needs to be removed from the system. Provide an explanation under Question 4, including an effective date of the change. If a sale has taken place, include a company name, contact name, and phone number for the new company. If the purchasing company/contact is unknown, please clearly state that under Question 4 as well.

1. **List the state(s) covered by the submitted Breakout tank data:**
2. **Select the spatial extent and projection/reference system of the geospatial data?**
	* **What is the datum of the data** (*select one*)**?**

[ ]  NAD83

[ ]  NAD27

[ ]  WGS84

[ ]  GRS80

[ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + **What are the measurement units of the data** (*select one*)**?**

[ ]  Decimal Degrees

[ ]  Feet

[ ]  Meters

[ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + **What is the projection of the data** (*select one*)**?**

[ ]  Geographic (Lat/Long)

[ ]  Universal Transverse Mercator (UTM)

[ ]  State Plane Coordinate System (SPCS)

[ ]  Albers Equal-Area (Alaska)

[ ]  Albers Equal-Area (Hawaii)

[ ]  Albers Equal-Area (Conterminous US)

[ ]  Albers Equal-Area (North America)

[ ]  Equidistant Conic (Conterminous US)

[ ]  Equidistant Conic (North America)

[ ]  Lambert Conformal (Conterminous US)

[ ]  Lambert Conformal (North America)

[ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + **If a state plane or UTM, which State Plane Zone or UTM zone** (*If your projection is State Plane or UTM, you must include the zone.*)**?**
1. **Please include any additional information or concerns that you would like to relate to the processing analyst here:**