Notice of AB 864 Intrastate Hazardous Liquid Pipeline Construction
Form PSD-103

Operator/Company Name:
Operator contact/phone and address:
Location of Project (address):
Date:
CSFM Inspection Unit: __________ CSFM Pipeline ID and Name: ________________

Type of Construction: [ ] NEW [ ] RETROFIT [ ] REPLACEMENT

Type of Product [ ] Crude Oil [ ] Diesel [ ] Gasoline
[ ] HVL [ ] Other __________

MOP: __________ psi

Project Description (General information, reason for the project, includes length wall, grade, NDT requirements (x-ray/hydro), estimated start date and duration of project and attaches additional documents as needed):

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Form PSD-103 Notice of Intrastate Hazardous Liquid Pipeline Constructions
Version: July 1, 2017
Company Construction Manager and Qualified Contractor Information:

**Operator Project Manager**

Name:  
Title:  
Phone:  
Email:  
Cell Phone:  

Drawings and specifications (including valves and equipment)  
Welding Procedures  
Permit and all Agency Conditions  
Other  

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CAL FIRE/OSFM Review – Agency Use  
Received Date/Initials:  

OSFM Engineer:  
Date:  

OSFM Supervisor:  
Date:  

OSFM Program Manager:  
Date:  

Comments:  

