



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):

Company Construction Manager and Qualified Contractor Information:

<u>Operator Project Manager</u>	
Name:	
Title:	
Phone:	Cell Phone:
Email:	

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

Yes/No	Comment

CAL FIRE/OSFM Review – Agency Use

Received Date/Initials:

OSFM Engineer: _____ Date: ___/___/___
OSFM Supervisor: _____ Date: ___/___/___
OSFM Program Manager: _____ Date: ___/___/___

Comments:

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