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:

Operator Project Manager

Name: 
Title: 
Phone: Cell Phone: 
Email: 

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

CAL FIRE/OSFM Review – Agency Use

Received Date/Initials: 

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Comments: 

---