

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

Operator/Company	Name:				
Operator contact/pl	hone and address	s:			
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		
		[ ] Other			
Project Description grade, NDT require	osi (General informa ments (x-ray/hydi	ation, reason for the	project, includes length wall, date and duration of project and		
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## **Company Construction Manager and Qualified Contractor Information:**

	Operator Project Manager						
	Name:						
	Title:						
	Phone: Cell Phone:						
	Email:						
			Yes/No	Comment			
Drawings and specifications (including valves and equipment)							
	/elding Procedures	•					
Permit and all Agency Conditions							
Other							
CAL FIRE/OSFM Review – Agency Use							
Received Date/Initials:							
0	SFM Engineer:	Date: _	//	_			
0	SFM Supervisor:	Date: _		_			
	SFM Program Manager:						
u	31 W Flogram Wanager.	Date		_			
Comments:							
_							
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