



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):

