

5001 NOTICE OF CONSTRUCTION

OAC 165:20-5-32, OAC 165:20-7-2

Operator Name

Operator ID

Mailing Address

City

State

ZIP Code

Project and/or Pipeline Name

Date to Begin

Anticipated Completion Date

Operation Types

| Natural Gas | | Hazardous Liquid | | | |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------|--------------------------|-------------------------------|--------------------------|
| Distribution | <input type="checkbox"/> | Rural Regulated Gathering | <input type="checkbox"/> | CO2 | <input type="checkbox"/> |
| Regulated Gathering | <input type="checkbox"/> | Refinery Petroleum Products | <input type="checkbox"/> | Crude | <input type="checkbox"/> |
| Transmission | <input type="checkbox"/> | HVL | <input type="checkbox"/> | Non-rural Regulated Gathering | <input type="checkbox"/> |
| MAOP/MOP (PSIG): | | Pressure Test Medium: | | Depth of cover: | |
| Installation Type: Bored & Cased <input type="checkbox"/> Bored Only <input type="checkbox"/> Direct Bury <input type="checkbox"/> | | | | | |

Steel Pipe Specifications

| | | | | | |
|---------------|-----------|-----------------|-----------------------|---------------|--|
| Manufacturer: | | | Date of Manufacturer: | | |
| Lot #: | Length: | Seam Type: | | Coating Type: | |
| Pipe Grade: | Diameter: | Wall Thickness: | | | |

Plastic Pipe Specifications

| | | | | | |
|---------------|---------|---------------------------|--------------------------------------------|--|--|
| Manufacturer: | | | Date of Manufacturer: | | |
| Lot #: | Length: | Type: (IE: 2406, 4710) | Joint Type: (IE: Butt, Socket, Electro) | | |
| Diameter: | SDR: | | ASTM: | | |

Are HCAs present?

Are HCAs/USAs present?

Performing Construction

| | | |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------|
| Gas Transmission Y <input type="checkbox"/> N <input type="checkbox"/> | Hazardous Liquid Gathering Y <input type="checkbox"/> N <input type="checkbox"/> | Company Personnel <input type="checkbox"/> |
| | Hazardous Liquid Transmission Y <input type="checkbox"/> N <input type="checkbox"/> | Contractor <input type="checkbox"/> |

***Attach a map indicating proposed route of pipeline including legal descriptions.**

Field Contact (Print Name)

Contact Number

Authorized Agent (Print Name)

Signature