

CONSTRUCTION NOTICE

Date: _____

Fed ID: _____

Please complete and return this notice to PIPELINE SAFETY DIVISION no later than TEN (10) days prior to the start of construction via email to kccpipelinesafety@ks.gov.

If the TEN (10) day requirement cannot be met, please call PIPELINE SAFETY DIVISION (785-271-3278) as soon as possible before the start of construction. Submit this form the same day telephone contact is made.

GAS COMPANY: _____ DIV (name) _____ JOB NO. _____

STARTING DATE: _____ COMPLETION DATE: _____ CALL IN DATE: _____

CONSTRUCTION LOCATION (City, street address, sub division, Co.) _____

CONTRACTOR: _____

TYPE OF CONSTRUCTION:

New _____ Replacement _____ Insertion _____ Service _____ Main _____ Trans. _____

Other: _____

Design Pressure _____ Operating Pressure _____ Proposed MAOP _____ Proposed Test Pressure _____

Material Type: STEEL

Length _____ Pipe Size _____ Wall Thickness _____ Grade _____

Length _____ Pipe Size _____ Wall Thickness _____ Grade _____

Length _____ Pipe Size _____ Wall Thickness _____ Grade _____

Length _____ Pipe Size _____ Wall Thickness _____ Grade _____

TOTAL: 0.0 _____

Material Type: PLASTIC

Length _____ Pipe Size _____ SDR _____ Density _____ Manufacturer _____

Length _____ Pipe Size _____ SDR _____ Density _____ Manufacturer _____

Length _____ Pipe Size _____ SDR _____ Density _____ Manufacturer _____

Length _____ Pipe Size _____ SDR _____ Density _____ Manufacturer _____

TOTAL: 0.0 _____

DESCRIPTION OF PROJECT: _____

SUBMIT TO:

Kansas Corporation Commission
Pipeline Division
1500 S.W. Arrowhead Road
Topeka, Kansas 66604

JOB CONTACT _____

PHONE NO. _____