



**When to Use
This Form**

These forms should be completed when third party excavation is occurring in the vicinity of the pipeline. Also included is the documentation of foreign lines.

**Reviewed
Procedures**

- P-192.614 *Damage Prevention Program*
- P-192.615(c) *Liaison with Public Officials*
- P-192.616 *Public Education*

The applicable sections of the above procedure(s) shall be reviewed prior to completing this form.

**Documentation
Procedure**

1. Copy form and replace original. Refer to Procedure P-192.614.
2. Receive notice of proposed excavation and record relevant data from the excavator on this form. If a fax is received from the One Call Center, attach to this form.
3. Determine if the proposed excavation is in the vicinity of the pipeline.
4. Make proper notification.
5. Use page 2 of this form to document periodic (frequency depending on actual danger to the pipeline) right-of-way inspection during excavation. When the project is complete, there may be multiples of this inspection to add to the packet.
6. Have Company Representative present when excavation is directly on the pipeline. Complete appropriate section of this form.
7. If our pipeline is to be encroached upon, fill out that section of this form. Forward this information to mapping so they can update the pipeline map.
8. If our pipeline is exposed complete Form WTG 1100.
9. Place form in File 192.614. Retain Records for life of pipeline if a crossing of our line was done. In all other cases retain for 5 years.



Excavator Information

Company Name:	Contact Name:
Phone (office):	Phone (mobile):
Date of excavation:	Locate Number:
Description of planned work:	
Could this affect the safety of our pipeline? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , complete the remainder of this form and follow procedure P-192.614 to properly mark the pipeline. Notify the excavator when the line has been marked. If NO , let the excavator know that we have no lines that can be affected. However, ensure the excavator understands where our nearest line is and request that they call us if they get close to it.	

Company Representative Certification

Name:	Title:
Phone (office):	Phone (mobile):
Date of excavation:	Locate Number:
Description of planned work:	
Was pipeline exposed? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES , complete Form WTG 1100.	
Signature of Company Representative:	Date:



Right-of-Way Inspection During Excavation

Date of inspection:		Inspection #:	
Performed By	<input type="checkbox"/> Company		
	<input type="checkbox"/> Third party (complete contact information below)		
	Company name:		
	Contact:	Phone:	
	Address:		
Type	<input type="checkbox"/> Excavation <input type="checkbox"/> Tunneling <input type="checkbox"/> Blasting <input type="checkbox"/> Backfilling <input type="checkbox"/> Boring		
	<input type="checkbox"/> Removal of above ground structures <input type="checkbox"/> Other earth moving operation Note: If done by blasting, a leakage survey is required.		
Is there any evidence of damage or leaks? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES , explain:			
Other relevant information:			
Completed by:			Date:

Encroachments

County:	State:	Town:
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Date:	Time:	Drawing no.:	Line list no.:
Line name:	Mile post:	Drawing station plus:	
Name and title of caller:			Caller phone:
Date work is to start:		Time work is to start:	
Name and address of company:	Field contact person	R.O.W. affected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Field phone no.	Explosives used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of proposed excavation, encroachment, or foreign crossing:			
Encroachment or Foreign Crossing: <input type="checkbox"/> Proposed <input type="checkbox"/> In progress <input type="checkbox"/> Completed <input type="checkbox"/> Stopped			
Notice given? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pipeline marked through encroachment area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Width of R.O.W.:			
Limits of R.O.W. marked? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:			
Will staking and marking be done before starting date? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain:			
Property owner:			Phone:
Address:			



Date of initial report:		Date of revised report:			
Date of foreign crossing:		Observed by:		Observed date:	
Our lines exposed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date exposed:		
Pipeline surveillance report required? <input type="checkbox"/> Yes <input type="checkbox"/> No				Completed?	
If no, explain:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foreign Crossing	<input type="checkbox"/> Tel. cable <input type="checkbox"/> Elec. cable		<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other:		
	<input type="checkbox"/> Other:		Pipeline size O.D.:		
	Pipe material:		Kind of coating:		Wrapper:
Distance in inches from top of pipe to ground level		Measured clearance between lines:			
Our pipe: _____ in.					
Foreign pipe or cable: _____ in.					
Test Leads Installed	Our Line	Wire size:		Color:	
		Local CP potential: _____ volts		Local CP potential: _____ volts	
Remarks (other steps taken to protect the pipeline(s) and preserve the easement; other information helpful in controlling the encroachment):					



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