



## Notification of Proposed Major Construction Project

**To: The Pennsylvania Public Utility Commission**

The following information is submitted in compliance with 52 Pa. Code 59.38. The Company (listed below) hereby gives notice of the proposed major construction hereinafter described.

**Routing Instructions:** Copies are to be sent at least 30 days prior to the commencement of work to the Pennsylvania Public Utility Commission and the Company Pipeline Safety Representative. After the major construction is completed, the Completion Notice is to be signed, dated and copies sent to the Pennsylvania Public Utility Commission and the Company Pipeline Safety Representative.

A copy of each construction notice should also be retained in the facility line pocket.

(See SOP 340-05 for addresses and additional instructions)

|                                                                                                                                                                               |           |                               |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------|---------------------|
| Company                                                                                                                                                                       | Shop      | Facility                      | Estimated Cost      |
| Estimated Start Date                                                                                                                                                          |           | Estimated Completion Date     |                     |
| Project City, Township, Borough                                                                                                                                               |           | County                        |                     |
| Type of Facility <input type="checkbox"/> Distribution <input type="checkbox"/> Transmission <input type="checkbox"/> Compressor Station <input type="checkbox"/> Other _____ |           |                               |                     |
| Design Pressure<br>_____ P.S.I.G.                                                                                                                                             |           | System MAOP<br>_____ P.S.I.G. |                     |
| Description of Project                                                                                                                                                        |           |                               |                     |
|                                                                                                                                                                               |           |                               |                     |
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|                                                                                                                                                                               |           |                               |                     |
| <b>Company Contact Information</b>                                                                                                                                            |           |                               |                     |
| Name                                                                                                                                                                          |           |                               | Telephone Number    |
| Address                                                                                                                                                                       |           |                               |                     |
| City                                                                                                                                                                          |           |                               | State      Zip Code |
| Date Submitted                                                                                                                                                                | Signature |                               | Date Signed         |

**Completion Notice**

|                |           |             |
|----------------|-----------|-------------|
| Date Completed | Signature | Date Signed |
|----------------|-----------|-------------|