

# BACKFILL / CROSSING INSPECTION REPORT

Location: LSD \_\_\_\_\_ SEC \_\_\_\_\_ TWP \_\_\_\_\_ Range \_\_\_\_\_ W \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE – Before any backfill/crossing work begins, the owner of the facility/land must be notified 24 hours in advance.  
 - Attach all written notes / comments to this report if more space is required.

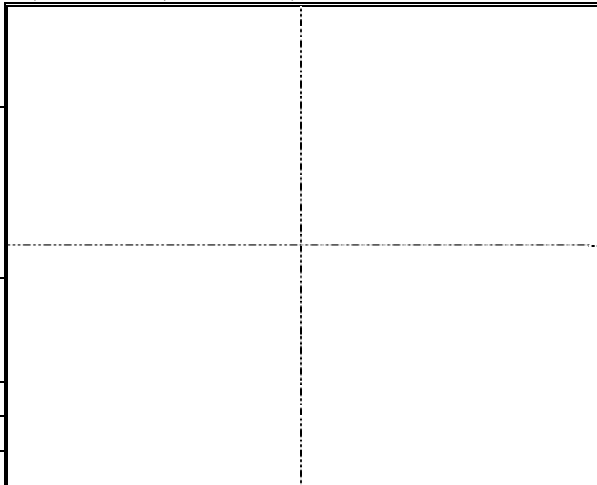
**Type of Crossing (Check one)**

Pipeline (If yes, check type)  
 Oil  Gas  Water  
 CO-OP  
 Gas  Water  
 Water Course  
 River  Creek/stream  Drainage  
 Lake  Slough

On Section Plan below, please include:

- 1) All surface improvements (i.e. roads, railways, fences)
- 2) All land characteristics (rivers, lakes, sloughs etc.)
- 3) Staging areas
- 4) Direction (show North)

**Road**  
 Trail  Gravel  Paved  
 Railway  
 Telecommunications  
 Other (Specify)



Facility Information (required)

Name of the existing owner:

Crossing Agreement No:

New Installation (facility) Info.

Contractor:

Line type:

Line size:

Weight:

When a new installation does not cross an existing facility (line), but the new installation is within 5 meters of the 3<sup>rd</sup> party's ROW, or in the ROW, the line must be exposed to determine its exact location.

**Ground Surface**

**Coating/type:**

Cathodic Protection  Yes  No

Was there damage present during Exposure/installation  Yes  No

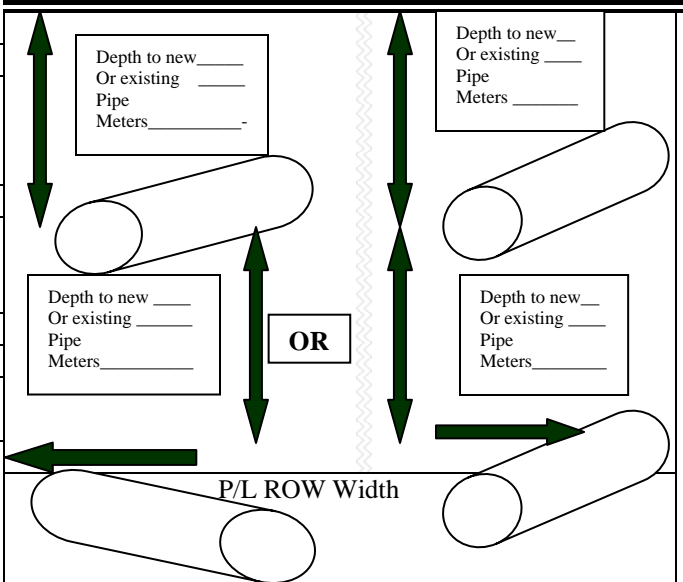
If yes, explain:

Was there damage to facility as a result of Backfill operations  Yes  No

If yes, explain:

Was the EUB & Owner notified of damage  Yes  No- if no, notification to both parties is required

Description of any and all repairs:



Prepared by:

Backfill Complete Date:

Approvals (If Backfill conditions Satisfactory)

Owner: \_\_\_\_\_  
 Company Rep.: \_\_\_\_\_

White- Site Representative    Yellow- Leave in Book