



# Parish of Ascension

OFFICE OF HOMELAND SECURITY &  
EMERGENCY PREPAREDNESS



## Underground Pipeline/Excavation Application

Excavation  New Pipeline

The undersigned applicant applies for an underground pipeline application in accordance with Chapter 19 Article III, Code of Ordinances, Ascension Parish, Louisiana, and submits the following:

### 1. Applicant:

Company Name: \_\_\_\_\_

Legal form of organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact telephone: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

Contact fax: \_\_\_\_\_

### 2. Affiliate Subcontractor(s):

Company Name: \_\_\_\_\_

Legal form of organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact telephone: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

Contact fax: \_\_\_\_\_

828 S. Irma Boulevard, Gonzales, Louisiana 70737  
Telephone: (225) 450-1200 Fax: (225) 644-3039  
Email: oep@apgov.us Website: [www.ascensionparish.net/OHSEP](http://www.ascensionparish.net/OHSEP)

Company Name: \_\_\_\_\_

Legal form of organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact telephone: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

Contact fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Legal form of organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact telephone: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

Contact fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Legal form of organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact name: \_\_\_\_\_ Contact telephone: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

Contact fax: \_\_\_\_\_

Application for Underground Pipeline:

1. Name of pipeline system:

\_\_\_\_\_

2. Pipeline data:

Normal operating pressure range: \_\_\_\_\_

Maximum allowable operating pressure: \_\_\_\_\_

3. The materials handled by the pipeline system are:

- a.  Natural gas
- b.  Crude petroleum
- c.  Refined petroleum products
- d.  LPG/Industrial Gases, (Identify) \_\_\_\_\_
- e.  Other: (Identify) \_\_\_\_\_

4. Is directional boring or open trenching being conducted under or adjacent to any state or parish road or drainage servitude?

(check one)  Yes  No      Location: \_\_\_\_\_

\_\_\_\_\_

5. Describe the type of excavation that will be conducted: \_\_\_\_\_

\_\_\_\_\_

6. Have pipeline location or detection measures been taken in order to locate existing operational or abandoned pipelines (i.e. GPR, magnetic locators, hydro visual inspection)?

(check one)  Yes  No      Describe: \_\_\_\_\_

7. Are the pipelines or excavation sites located within 500 feet of any structure that is intended for human occupancy?

(check one)  Yes  No      Describe: \_\_\_\_\_

8. Additional Notes:

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9. Required maps and engineered drawings in the following format showing the route of the pipeline system and location (and designation, if any) of shut-off valves in the parish, and the location of its pipelines in each street.

- a. Each permit application shall include a vicinity map as well as a detailed map with appropriate landmarks and surround identifiers to include but not limited to road names, waterways, parish/city boundaries, etc. that provides details of the location to where the pipeline is to be located or work is to be completed.
- b. Each permit application shall include a GIS shape file that identifies the specific areas in which the work will be taking place. This can be emailed with the application, or direct download link shall be provided.
- c. All datasets and plans shall be designed in the following State Plane Projected Coordinate system:

**NAD 1983 StatePlane Louisiana South FIPS 1702 Feet**

Projected State Plane South Louisiana  
NAD: North American Datum (1983)  
FIPS: Federal Information Processing Standard 1702  
NGS: National Geodetic Survey  
SPCS: State Plane Coordinator system

- d. The dataset shall include at a minimum the following attributes
  - a. OWNER (Str 150) Pipeline Company – Owner of pipeline
  - b. CONTRACTOR (Str 150) Contract Company
  - c. CONTRACTOR\_CONTACT (Str 150) Contractor Point of Contact
  - d. CONTRACTOR\_NUMBER (Str 20) Phone number to Contact
  - e. CONTRACTOR\_EMAIL (Str 150) Email to contact
  - f. DIAMETER (Int) of pipe in inches
  - g. LENGTH (Int) of pipe in feet
  - h. MATERIAL (Str 150) Material of pipe
  - i. PRODUCT (Str 500) Material to be transmitted
  - j. APP\_DATE (Date)
  - k. COMPLETE\_DATE (Date)

\*Additional Attributes are allowed but not required

**Alternatives for future consideration if the above standards are too high expectation:**

Mapping files in KMZ/KML google earth format are acceptable that outline the entire length and exact location of the project from beginning to end.

**Alternative 2**

All X and Y Coordinates of each beginning and end points, including any re-directions shall be provided. A map shall be provided that clearly illustrates the location of each point / vertices and the specific x/y coordinates to each shall be provided

10. Insurance [*check as applicable*]:

- a.  Attached are certificates of insurance evidencing the terms and coverage required by Chapter 19, Code of Ordinances.
- b.  Enclosed are documents showing that permittee satisfies the self-insurance requirements of the Ascension Parish Code of Ordinances.

11. Estimated Dates of Project:

- a. Date project will begin: \_\_\_\_\_
- b. Date project will end: \_\_\_\_\_
- c. In service Date (if applicable): \_\_\_\_\_

12. Pipeline Owner/Operator:

- a. Name \_\_\_\_\_
- b. Mailing address \_\_\_\_\_
- c. City \_\_\_\_\_ d. State \_\_\_\_\_ e. Zip code \_\_\_\_\_
- f. Attention [*optional*] \_\_\_\_\_
- g. Telephone \_\_\_\_\_ h. E-mail address \_\_\_\_\_

13. Excavation Contractor and/or Subcontractor:

- a. Name \_\_\_\_\_
- b. Mailing address \_\_\_\_\_
- c. City \_\_\_\_\_ d. State \_\_\_\_\_ e. Zip code \_\_\_\_\_
- f. Attention [*optional*]: \_\_\_\_\_
- g. Telephone \_\_\_\_\_ h. E-mail address \_\_\_\_\_

14. Emergency 24-hour contact(s) [*include one local contact*]:

- a. Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-mail address \_\_\_\_\_
- b. Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
E-mail address \_\_\_\_\_

15. By affixing my signature below I am verifying that all due diligence has been completed in identifying the location of existing pipelines within the complete path of the intended excavation/new pipeline site. I verify that coordination has been made in marking the location of existing pipelines with other pipeline owner/operators that manage pipelines within the right-of-way in question. Furthermore, I verify that certificates of insurance evidencing the terms and coverage required by Chapter 8 and Chapter 19, Code of Ordinances are in place.

**Applicant Company:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Application Approvals:**

Ascension Parish Office of Homeland Security  
and Emergency Preparedness:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Ascension Parish Department of Public Works:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Ascension Parish Transportation:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Attachment B**

**Fees:**

**Application Fee:**

Application fee is due at the time of submittal. The amount of the fee shall be based on the number of public road ROW and public drainage ROW crossings.	Price per crossing \$3,000	or	No crossings \$500
Number of Crossings			
Total Application Fee			

**Pre-Construction Deposit Requirements:**

A guarantee deposit is due at the time of permitting. A maintenance surety bond may be furnished in lieu of deposit.	Guarantee Deposit for Boring or Jacking per Crossing. \$5,000 each	Guarantee deposit for Open Cut \$50,000 each
Number of crossings		
Sub-total		
Grand Total		

**Permit and Inspection Fees:**

		Total Number of Crossings	Total Fee
Per Crossing	\$3000		
No Crossings	\$0		

**Fee and Deposit Totals:**

Application Fee	\$
Deposit	\$
Permit & Inspection Fees	\$
Total	\$