

Field Work Notification

Energy Regulation Division
1945 Hamilton Street
Regina, SK S4P 2C7

General Information

Pg. 1 of 1

BA ID * _____ Licence # * _____

Notification Type * _____

Start Date * _____ (YYYY-MM-DD) End Date * _____ (YYYY-MM-DD)

Is the Notification for the Entire Licence? * _____ MER Field Office * _____

Segment ID(s) _____

Pressure Test Notification

Test Location *

LSD	SEC	TWP			RGE		M
		0				W	

Pressure Testing Medium * _____

Start Time* _____

Duration (hours) * _____

Additional Information

Field Contact Information

Contact Name * _____ Business Phone * _____ Ext. _____

Email Address * _____ Alternate Phone _____ Ext. _____