



Regional PSL Program/Port of Oakland

Provide this form to EBMUD to initiate the PSL certification process for any lease holder seeking a Compliance Certificate due to construction/remodel with a City permit and valued over \$100,000, change in water meter size, or other.

- Lease holder must let City know they are a leaseholder of Port property when they pull a permit through the City.
- A lease holder cannot schedule an EBMUD PSL inspection until PSL staff has approved this form and accompanying documents.
- Send form and documents to psl@ebmud.com.
- All fees associated with the PSL inspection must be paid before evidence of compliance will be issued to the lease holder.

Required Information

- Submit 8.5"X11" map to EBMUD that includes outline of Leasehold Property and identifies which lengths of pipe the lease holder is responsible for certifying, and which pipes on the Leasehold Property will be addressed by the Port or other lease holders. The map should clearly identify PSLs to be tested including length, as well as applicable City, Port, and private mains and manholes.
- Parcel number(s) of Leasehold Property _____
- Parcel Address _____
- Property Address and special instructions re: building/directions/gate code _____

- **City** of Oakland permit # _____
- **City** of Oakland contact for permit (name and phone) _____
- **Port** of Oakland point of contact for questions about map/scheduling/inspection

- **Contractor** contact name and phone _____
- City of Oakland initial here to confirm location of City mains and manholes on map _____
- Check the box, if this is Voluntary Compliance (Tenant *elects* to inspect/repair sewer lateral)?

Note: ALL inspections for Port of Oakland must be scheduled as SPECIAL appointments. Call (510) 287-1599 to schedule, and mention it is a Port of Oakland lease holder/sub-tenant PSL.
DO NOT USE THE www.eastbaypsl.com WEBSITE TO SCHEDULE AN INSPECTION.

Approved by Port of Oakland _____ Date _____

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PSL Program Administration use only

Date Received: _____ Date certified: _____ Payment Received Date: _____

Date Port notified PSL compliant: _____ By: _____