



Halifax Regional Water Commission

# Locate Request / Clearance Form

SEND THIS LOCATE REQUEST TO:

email: [locates@halifaxwater.ca](mailto:locates@halifaxwater.ca)

fax: 490-6912

**THIS LOCATE CLEARANCE IS INTENDED FOR:**

<b>Date:</b>	
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COMPANY OR FIRM	REPRESENTATIVE	PHONE NUMBER	FAX NUMBER

PROJECT LOCATION	TYPE OF WORK	PROPOSED START DATE

<b>Details: (check applicable)</b>	<input type="checkbox"/> Excavating	<input type="checkbox"/> Drilling	<input type="checkbox"/> Public Property	<input type="checkbox"/> Private Property	<input type="checkbox"/> EMERGENCY
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PLEASE USE AREA PROVIDED BELOW TO CLEARLY SHOW THE LOCATION OF THE WORK AREA OR ATTACH APPROPRIATE SKETCH:

SKETCH OF WORK AREA

**CAUTION:** THIS LOCATE IS ONLY FOR THE WORK AREA INDICATED AND IS VALID FOR 28 DAYS. BLUE AND/OR GREEN PAINT MARKINGS INDICATE HALIFAX WATER INFRASTRUCTURE AND ARE APPROXIMATIONS ONLY. THE APPLICANT MUST ENSURE THAT IT HAS CONFIRMED THE PLACEMENT OF HALIFAX WATER INFRASTRUCTURE BEFORE DIGGING. HAND DIGGING IS REQUIRED WITHIN ONE METRE OF MARKINGS. HALIFAX WATER ASSUMES NO RESPONSIBILITY FOR PRIVATE INFRASTRUCTURE AND WILL NOT LOCATE SAME. IT IS THE RESPONSIBILITY OF THE APPLICANT TO LOCATE ANY INFRASTRUCTURE ON PRIVATE PROPERTY. THE APPLICANT ACKNOWLEDGES THAT HALIFAX WATER HAS AGREED TO LOCATE ITS INFRASTRUCTURE FOR NO CHARGE. IN EXCHANGE FOR THIS SERVICE, THE APPLICANT AGREES TO REPAIR ANY DAMAGE CAUSED TO HALIFAX WATER INFRASTRUCTURE BY ITS WORK NOTWITHSTANDING ANY ERRORS OR OMISSIONS IN THE LOCATE OR PLACEMENT OF THE BLUE AND/OR GREEN PAINT MARKINGS, THE REPAIR WORK SHALL BE SUBJECT TO INSPECTION BY HALIFAX WATER.

**THIS SECTION FOR HALIFAX WATER USE ONLY**

**HALIFAX WATER HAS DETERMINED:**

<input type="checkbox"/> MAINS HAVE BEEN LOCATED	<input type="checkbox"/> MORE INFORMATION IS REQUIRED FOR AN ACCURATE LOCATE
<input type="checkbox"/> SERVICES HAVE BEEN LOCATED	<input type="checkbox"/> SITE VISIT IS REQUIRED
<input type="checkbox"/> NO LATERAL RECORD ON FILE	

LOCATE REQUEST NO:	DEPARTMENT:	3 MINUTE VEHICLE COUNT: No X 20 = Total VPH	LOCATED BY:	DATE:
	<input type="checkbox"/> WATER <input type="checkbox"/> WASTEWATER	_____ X 20 = _____		