



**AEROSPACE CENTRE INC.**

**Southport**  
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Southport, MB R0H 1N1  
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**LINE LOCATE REQUEST—AIRFIELD**

**\* REQUIRED FIELDS**

APPLICANT NAME*:	COMPANY*:
RETAINED BY*:	
PHONE*:	Email*:
JOB DESCRIPTION*:	
LOCATION *(PROVIDE DETAILS ON ATTACHED MAP OR BACK OF THIS FORM):	
DEPTH OF DIG/INSTALL*:	EXCAVATION METHOD*:
START DATE*:	END DATE:
EXACT WORK LOCATION HAS BEEN STAKED*:	YES / NO (CIRCLE ONE*)

1. ALL LINE LOCATE REQUESTS REQUIRE A MINIMUM OF 72 HRS NOTICE TO SOUTHPORT.
2. DO NOT PROCEED WITH ANY EXCAVATION UNTIL ALL NOTIFIED ASSET OWNERS HAVE RESPONDED BY PROVIDING CLEARANCE, OR BY IDENTIFYING THE LOCATION OF THEIR FACILITIES WITH MAPS OR BY PLACING LOCATE MARKS ON THE GROUND.
3. ALL DIG SITES MUST BE BARRICADED WITH WARNING SIGNS.
4. HAND DIGGING OR HYDRO VAC IS REQUIRED WITHIN ONE METER OF ALL MARKED LINES.

- THIS LINE LOCATE IS NOT VALID UNTIL SIGNED BY A REPRESENTATIVE OF SOUTHPORT AEROSPACE CENTRE INC.
- A COMPLETED LINE LOCATE MUST BE AVAILABLE AT THE WORK SITE AT ALL TIMES.

SIGNATURE OF APPLICANT\*: \_\_\_\_\_ DATE\*: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**UNDERGROUND LINES IN THE WORK AREA**

- |   |  |
|---|--|
| <input type="checkbox"/> WATER                              | <input type="checkbox"/> ELECTRICAL - SOUTHPORT OWNED    |
| <input type="checkbox"/> WASTE WATER SEWER                  | <input type="checkbox"/> FIBER / COMMS - SOUTHPORT OWNED |
| <input type="checkbox"/> STORM SEWER / LAND DRAINAGE SYSTEM | <input type="checkbox"/> OTHER: _____                    |

PLANNED LOCATE DATE: \_\_\_\_\_ AM / PM

**LINES HAVE BEEN:**

- PAINTED       FLAGGED       OTHER

TECHNICIAN NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF TECHNICIAN: \_\_\_\_\_ DATE \_\_\_\_\_

