

LOCATES REQUEST

COMPANY PERFORMING WORK:			
DESCRIPTION OF WORK TO BE DONE:			
AREA OF WORK:			
IS THE AREA MARKED:			
DATE WORK IS BEING PERFORMED:			
CONTACT INFORMATION			
NAME:	_ PHONE:	PHONE:	
ADDRESS:			
 Locates must be requested at minimum 2 days, 48 hours prior to start date (excluding weekends and holidays). 	 Water lines MUST be pot holed by contractor not by DSWSC and by a safe means (ex. by hand or hydro excavator) before work begins. 		
 Locates to be re-marked after 10 days or if marks are not clearly visable, contractor must contact WSC for re-marks. 	All expos	sed water lines must be covered up promptly	
 Dripping Springs Water does not locate water service lines on customer side. 	All water	lines must be secured while exposed.	
Water lines are marked with BLUE PAINT.	For emergency locates please call 512-858-7897.		
CIONATURE.		DATE.	
SIGNATURE:		DATE:	
Please fill out the requested information and return it via email to: ataylor@drippingspringswater.com and cscott@drippingspringswater.com		DSWSC OFFICE USE ONLY	
		Date Received:	
If completing by hand, bring a completed application to our office: 101 Hays Street, Suite 416, Dripping Springs, TX 78620		Received By:	
		Date Marked:	
If you have any questions, please feel free to give our office a call: 512-858-7897		Performed By:	