CENTER LINE LOCATING

CCTV and FLUSH REQUEST FORM

Please fill out and return to: **Requests@cllocating.com**
Remit to: PO Box 38251, Charlotte, NC 28278 | www.cllocating.com

Requested By:

Requested Date: _____

Company Name: _____

Contact Name: _____

Phone Number: _____

E-mail Address: _____

Project Name: _____

Site Address: _____

Bill To:

Company Name: _____

A/P Contact: _____

Remit to Address: _____

City/State, ZIP: _____

Phone Number: _____

A/P E-mail Address: _____

Job / PO Number: _____

Services Requested:

☐ CCTV
☐ Flush
☐ Utility Locate

Utilities to Flush:

☐ Storm
☐ Sanitary Sewer
　☐ Clean Outs
　☐ Main Line

Utilities to CCTV:

☐ Storm
☐ Sanitary Sewer
　☐ Clean Outs
　☐ Main Line

Property Type:

☐ Commercial
☐ Residential

Please note: All residential locates are required to pay upon completion of the job via check, cash or money order.

Scope and Coordination Details: Submit site plan with structures labeled and requested lines highlighted.

Are NASSCO Reports required for the CCTV?   ☐ Yes   ☐ No

Are outfall structures clear of debris?   ☐ Yes   ☐ No

Have silt sacs been removed?   ☐ Yes   ☐ No

Have vehicles, dumpsters, site material, etc. been removed for access to structures?   ☐ Yes   ☐ No

Please describe accessibility and existing site conditions: _____
_____

Site Contact:

Name: _____

E-mail Address: _____

Phone Number: _____

Submit CCTV and NASSCO Reports To:

Name: _____

E-mail Address: _____

Submit via:

☐ DropBox
☐ Thumb Drive
☐ Both

Signature: _____

Print Name: _____

Title: _____

Date: _____

Internal Use Only:

811 Ticket #: _____

Update 811 Ticket # by: _____

Traffic Control Required: ☐ Yes   ☐ No

NCDOT Permit Number: _____

NCDOT Reviewer: _____

CDOT Permit Number: _____

Additional Fees Paid to CDOT: _____

Street Cut Permit Number: _____

SCDOT Permit Number: _____

SCDOT Reviewer: _____