District Office
Telephone: 324-5313
Fax: 324-5087

Treatment Plant
Telephone: 324-0047
Fax: 324-9830

SANFORD SEWERAGE DISTRICT

River Street • P.O. Box 338
SPRINGVALE, MAINE 04083-0338

DIG SAFE REQUEST NOTICE

DATE: _____ (Notice must be given to this office three days prior to day of the requested dig safe dig date.)

ATTENTION TO: COLLECTION SYSTEM PERSONNEL

REQUESTED BY: _____

ADDRESS _____

_____

PHONE NO: _____ FAX NO: _____

WE ARE PLANNING THE FOLLOWING EXCAVATION. PLEASE MARK ALL SEWER MAINS THAT ARE WITHIN THE AREA OF THE EXCAVATION. PLEASE CALL IF THERE ARE ANY PROBLEMS.

DIG SAFE DATE: _____ DIG SAFE NO. _____

LOCATION: _____

CROSS STREET: _____ TOWN: _____

EXTENT OF WORK: _____

REASON FOR WORK: _____

NOTES: _____

_____

SIGNED BY: _____

PLEASE USE BACK OF FORM FOR A MAP DRAWING IF NECESSARY
SEWER DISTRICT LINES ARE MARKED WITH GREEN PAINT