SELMA-KINGSBURG-FOWLER
COUNTY SANITATION DISTRICT

Sewer Work Request Form

Purpose of Work:

- ☐ New Construction
- ☐ Inspection
- ☐ Maintenance
- ☐ Emergency Repair
- ☐ Other: _____

Contact Information:

	Contact Name	Phone Number	Email Address
1.			
2.			
3.			

Shutdown Details:

1. Location of Sewer Main (City; Streets):

_____

2. Sewer Manhole ID Numbers (If applicable)

_____

3. Location of Sewer Pump Station (If applicable)

_____

4. Shutdown Start Date and Time:

   Date: _____ Time: _____

   Shutdown End Date and Time:

   Date: _____ Time: _____

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5. Duration of Shutdown (Estimate):

_____ Hours/Days

6. Reason for Shutdown:

Temporary Bypass:

1. Will there be a temporary bypass system in place?

☐ Yes

☐ No

2. If yes, please provide details of the bypass system:

Safety and Precautions:

1. Has the area been properly barricaded and secured?

☐ Yes

☐ No

2. Will traffic flow be impacted?

☐ Yes

☐ No

If yes, please describe (attach approved traffic control plan from city):

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3. Public Notification (If Applicable):

☐ Notice Sent to Residents/Businesses

☐ Signs Posted

☐ Other: _____

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Additional Comments or Special Instructions:

Submitted By:

Name: _____

Signature: _____

Date: MM/DD/YYYY _____

Approval:

Reviewed/Approved By:

Name: _____

Signature: _____

Date:MM/DD/YYYY _____

This form must be completed and submitted at least three (3) business days prior to the planned work. Please ensure all required fields are completed to obtain approval to proceed.

* Provide copies of any required City and County documentation for this project (e.g., encroachment permits).

** Submit pre- and post-CCTV inspections performed for this project to SKF. All inspections shall reference the appropriate District SMH numbers.