WHITELINE REQUEST DOCUMENTATION
(Keep for Two Years)

– SAMPLE FORM –

Operator requesting whitelining: ________________________________

Locate ticket number: ______________  Whiteline request date/time: ________________________________

Date whitelining to be completed by: ________________________________

Excavator the whiteline was requested from: ________________________________

Name of person contacted: ________________________________  Telephone Number: ________________________________

Company Name: ________________________________

Original ticket start date: ________________________________

Agreed upon excavation start date (after whitelining completed): ________________________________

Date operator confirmed whitelining was done and facility(ies) located: ________________________________

Was the locate area that was whitelined clearly understood?  ☐ Yes  ☐ No

If no, list actions taken:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Operator representative information (please print):

Name: ________________________________  Telephone Number: ________________________________

Signature: ________________________________  Date: ________________________________

Kansas Corporation Commission – Pipeline Safety Division, 1500 SW Arrowhead Road, Topeka, KS 66604-4027