



**UNDERGROUND CABLE CLOSE APPROACH  
REQUEST (F1504UG)**

**Consent No.**

**Instructions:** Please forward details no later than 4 working days before work is due to commence.

Dunedin System Control

Email: [system.control@thinkdelta.co.nz](mailto:system.control@thinkdelta.co.nz)

Fax: 03-479-6653

Central Otago System Control

Email: [central.control@thinkdelta.co.nz](mailto:central.control@thinkdelta.co.nz)

Fax: 03-445-3431

**Applicant Details**

Company: \_\_\_\_\_

Postal address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Worksite location: \_\_\_\_\_

Work dates (max 30 days) <sup>(1)</sup>: \_\_\_\_\_ to \_\_\_\_\_ Hour: \_\_\_\_\_ (Daily)

Details of work to be undertaken: \_\_\_\_\_

Name of Site Supervisor <sup>(2)</sup>: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

(1). Work duration must not exceed 30 calendar days. A new approval will be required for each subsequent 30 day period.

(2). Name of person in charge of site works, and on-site at all times.

Please download and read "A Guide for Working Safely" and the "Guide for Non-Electricity Industry Employees using Mobile Plant near Power Lines and Electricity Cables" Both documents are available free at <http://www.auroraenergy.co.nz/content/safety.php>

**IN AN EMERGENCY - DO NOT MOVE MAN OR MACHINERY**  
Phone 03 479 6664 (Dunedin) or 03 445 3438 (Central Otago) Immediately

Excavating near poles <5m? Y/N	MAX depth within 2.2m = 300mm	MAX depth between 2.2m to 5m = 750mm	<b>Note:</b> No Close approach allowed for Red tagged poles
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U/G Cable involved as highlighted below:	Min. Clearance using Sonde head	Min. Clearance using Mechanical head	(Office use) Circuit ID
400V, 6.6 & 11kV	1.0m	0.6m	
33 & 66kV & Fibre*	2.0m	2.0m	

**Conditions of Approval**

\*No Mechanical excavation is permitted within 2m of a 33kV, 66kV or fibre optic cable. A 48 hour notice is required if approaching closer. A qualified person will be provided to stand-over and observe while trenching is in progress.

A.S.I.T use	Cable mark out? Y / N	Stand over? Y/N	Signed	Control/DS advised (Date) _____
Distribution Services Use	Cable mark out booked? Y/N	Stand over booked? Y/N	Signed	Control advised (Date) _____
System Control Use	Approved? (Sign) Y/N _____	Applicant advised (Date) _____	Safety Measures (Date / Time) On: _____ Off: _____	