

# WATER BREAK REPORT

## GENERAL INFORMATION:

Caller Log Number: \_\_\_\_\_ Work Order Number: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME REPORTED: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

TIME ARRIVED ON SITE: \_\_\_\_\_

Pipe Size: \_\_\_\_\_ Pipe Type: \_\_\_\_\_

Is bedding existing around the pipe: \_\_\_\_\_

Date water line installed: \_\_\_\_\_

COMMENTS:

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## ACTION TAKEN:

**VALVES OPERATED:**

(# _____)	(# _____)	(# _____)
(# _____)	(# _____)	(# _____)
(# _____)	(# _____)	(# _____)
(# _____)	(# _____)	(# _____)

Time service terminated: \_\_\_\_\_

Time service restored: \_\_\_\_\_

**VERIFIED ALL VALVES OPENED** \_\_\_\_\_

**Number of customers affected by outage:** \_\_\_\_\_

**Were all residents notified?** \_\_\_\_\_

**If NO, explain:**

**COMMENTS:**

**REPAIR INFORMATION:**

**Primary Contractor(s):** \_\_\_\_\_

**Time contacted:** \_\_\_\_\_

**Time contractor responded:** \_\_\_\_\_

**Time final locate completed:** \_\_\_\_\_

**Contractor's equipment used:**

Dump Truck      Trailer      Backhoe      Pump      Saw

Compressor/Jackhammer      Pickups      Lighting Equipment

Other: \_\_\_\_\_

**Primary Contractor manpower used:**

	Reg. <u>hrs.</u>	OT <u>hrs.</u>
<b>Operator's Name:</b> _____	_____	_____
<b>Driver's Name:</b> _____	_____	_____
<b>Laborer's Name:</b> _____	_____	_____
Laborer's Name: _____	_____	_____
Supervisor's Name: _____	_____	_____
Foreman's Name: _____	_____	_____

**TOTAL HOURS:** \_\_\_\_\_

**Back-fill Material:**

Road Base

Crusher Fines

Flash-Fill

Flow-Fill

**Asphalt Contractor:** \_\_\_\_\_

**Date contacted:** \_\_\_\_\_

**Date completed work:** \_\_\_\_\_

**Size of patch(es):** \_\_\_\_\_ **Thickness:** \_\_\_\_\_

**Landscape Contractor:** \_\_\_\_\_

**Date contacted:** \_\_\_\_\_

**Date completed work:** \_\_\_\_\_

**Size of repair:** \_\_\_\_\_

**COMMENTS:**

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**CAUSE:**

**What part of main was damaged:**

Pipe Barrel

Joint

Valve

Fitting

Tie Rods

Service

**What caused the damage:**

Corrosion/Electrolysis

Service Line Leak

Beambreak

Contractor's Error

Leak at Fitting

Unknown

**Type of native soil:**

Clay

Sandy

Gravel/Rock

**COMMENTS:**

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**DISTRICT INFORMATION:**

**District equipment used:**

Pickups          Pump          Saw          Lighting Equipment  
Barricades          Other: \_\_\_\_\_

**District employee(s):** \_\_\_\_\_

**Time work completed:** \_\_\_\_\_

**COMMENTS:**

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**REPAIR MATERIALS:**

Pipe Size:	4"	6"	8"	10"	12"	16"	24"
<b>Repair Clamp:</b>						Number Used	Supplied By:
12.5"	12.5"x3/4" cc	12.5"x1" cc				_____	_____
15"	15"x3/4" cc	15"x1" cc				_____	_____
24"	24"x3/4" cc	24"x1" cc				_____	_____
<b>Bronze Saddle:</b>						Number Used	Supplied By:
	3/4" cc	1" cc				_____	_____
	Single Strap	Double Strap				_____	_____

**Fittings:**

Number Used

Supplied By:

Transition Coupling

\_\_\_\_\_

\_\_\_\_\_

Iron Mega-lug

\_\_\_\_\_

\_\_\_\_\_

PVC Mega-lug

\_\_\_\_\_

\_\_\_\_\_

Solid Sleeve

\_\_\_\_\_

\_\_\_\_\_

Gland Pac

\_\_\_\_\_

\_\_\_\_\_

Bolt Pac

\_\_\_\_\_

\_\_\_\_\_

**Valves:**

Number Used

Supplied By:

4"      6"      8"      10"      12"

\_\_\_\_\_

\_\_\_\_\_

Amount Used

Supplied By:

**Poly Wrap:**

Size: \_\_\_\_\_

(ft.)

\_\_\_\_\_

\_\_\_\_\_

**Pipe:**

Amount Used

Supplied By:

PVC:

(ft.)

\_\_\_\_\_

\_\_\_\_\_

Ductile Iron:

(ft.)

\_\_\_\_\_

\_\_\_\_\_

**Other:**

Number Used

Supplied By:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**SERVICE:**

<b>Size:</b>	3/4"	1"	1 1/2"	2"		
					Number Used	Supplied By:
Corporation Valve					_____	_____
Curb Stop Valve					_____	_____
Insulator					_____	_____
Flare Coupling					_____	_____
Compression Coupling					_____	_____
Copper					_____ (ft.)	_____
<b>Other:</b>					Number Used	Supplied By:
_____					_____	_____
_____					_____	_____
_____					_____	_____
_____					_____	_____
_____					_____	_____

**COSTS:**

**SUBCONTRACTOR(S):**

<u>NAME</u>	<u>REPAIR</u>	<u>AMOUNT</u>
C&L Backhoe	Main Repair	\$
National Barricade	Barricade Rental	\$
Jefferson County	Street Cut Permit	\$
Arapahoe County	Street Cut Permit	\$
Metro Pavers, Inc.	Asphalt Restoration	\$
A Fast Patch	Asphalt Restoration	\$
		\$
<b>TOTAL SUBCONTRACTORS:</b>		<b>\$</b>

**DISTRICT:**

MATERIALS:	\$	VEHICLE/EQUIPMENT:	\$
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<b>Personnel</b>	<b># of Hours</b>	<b>@ \$/Hr.</b>	<b>Total</b>
Operations Supervisor (Scott Hand)			
Regular hours		\$	\$
Overtime hours		\$	\$
Operations Foreman (Armando Quintana)			
Regular hours		\$	\$
Overtime hours		\$	\$
Operator (Bruce Yarish)			
Regular hours		\$	\$
Overtime hours		\$	\$
Operator (John Mathias)			
Regular hours		\$	\$
Overtime hours		\$	\$
Operator (Mike Chavez)			
Regular hours		\$	\$
Overtime hours		\$	\$
Operator (Cory Taylor)			
Regular hours		\$	\$
Overtime hours		\$	\$
Operator (Justin Roquemore)			
Regular hours		\$	\$
Overtime hours		\$	\$
<b>TOTAL LABOR:</b>			

<b>TOTAL COST OF BREAK:</b>	\$
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**DISTRICT REPRESENTATIVE:** \_\_\_\_\_

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**PHOTOGRAPHS:**

**Pictures Download:** \_\_\_\_\_

**File Name:** \_\_\_\_\_

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**INSURANCE INFORMATION:**

Was there Personal Property Damage: \_\_\_\_\_  
(List all pertinent damage information on Exhibit A)

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**ACTION TAKEN:**

Was Insurance Company Notified: \_\_\_\_\_

Name of person notified: \_\_\_\_\_

Date when notified: \_\_\_\_\_ Time: \_\_\_\_\_

Information Discussed:

Was cleaning contractor involved: \_\_\_\_\_

Name of Cleaning Company: \_\_\_\_\_

Cleaning Company Representative: \_\_\_\_\_

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**DOCUMENTS:**

Homeowner Removal & Cleaning permission attached: \_\_\_\_\_

Contractor Worksheet attached: \_\_\_\_\_

Authorization Worksheet attached: \_\_\_\_\_

Part Requisition: \_\_\_\_\_



## EXHIBIT A

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**Name of Homeowner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

**Description of Damage:**

**Comments:**

**Name of Homeowner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

**Description of Damage:**

**Comments:**