

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:

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>
Operator's Name: _____	_____	_____
Driver's Name: _____	_____	_____
Laborer's Name: _____	_____	_____
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:

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:

DISTRICT INFORMATION:

District equipment used:

Pickups Pump Saw Lighting Equipment
Barricades Other: _____

District employee(s): _____

Time work completed: _____

COMMENTS:

REPAIR MATERIALS:

Pipe Size:	4"	6"	8"	10"	12"	16"	24"
Repair Clamp:						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			_____	_____	
Bronze Saddle:						Number Used	Supplied By:
	3/4" cc	1" cc			_____	_____	
	Single Strap	Double Strap			_____	_____	

Fittings:

Transition Coupling

Iron Mega-lug

PVC Mega-lug

Solid Sleeve

Gland Pac

Bolt Pac

Number Used

Supplied By:

Valves:

4" 6" 8" 10" 12"

Number Used

Supplied By:

Amount Used

Supplied By:

Poly Wrap:

Size: _____

(ft.)

Pipe:

PVC:

Ductile Iron:

Amount Used

Supplied By:

(ft.)

(ft.)

Other:

Number Used

Supplied By:

SERVICE:

Size:	3/4"	1"	1 1/2"	2"		
					Number Used	Supplied By:
Corporation Valve					_____	_____
Curb Stop Valve					_____	_____
Insulator					_____	_____
Flare Coupling					_____	_____
Compression Coupling					_____	_____
Copper					_____ (ft.)	_____
Other:					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	\$
		\$
TOTAL SUBCONTRACTORS:		\$

DISTRICT:

MATERIALS:	\$		VEHICLE/EQUIPMENT:	\$
------------	----	--	--------------------	----

Personnel		# of Hours	@ \$/Hr.	Total
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		\$	\$
TOTAL LABOR:				

TOTAL COST OF BREAK:	\$
-----------------------------	----

DISTRICT REPRESENTATIVE: _____

PHOTOGRAPHS:

Pictures Download: _____

File Name: _____

INSURANCE INFORMATION:

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

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: _____

DOCUMENTS:

Homeowner Removal & Cleaning permission attached: _____

Contractor Worksheet attached: _____

Authorization Worksheet attached: _____

Part Requisition: _____

EXHIBIT A

Name of Homeowner: _____

Address: _____

Phone Number: _____ (Day) _____ (Evening)

Description of Damage:

Comments:

Name of Homeowner: _____

Address: _____

Phone Number: _____ (Day) _____ (Evening)

Description of Damage:

Comments: