

BELLA VISTA WATER DISTRICT

JOB CHECKLIST: WATER LINE REPAIR/REPLACEMENT

WORK ORDER JOB NO. \_\_\_\_\_

Date Reported: \_\_\_\_\_ Time: \_\_\_\_\_ [ ] am [ ] pm Repair Date: \_\_\_\_\_

Replace Date: \_\_\_\_\_ USA Locate Date: \_\_\_\_\_ USA Ticket No. \_\_\_\_\_

Address/Location: \_\_\_\_\_ Outage Notification Date: \_\_\_\_\_

Time: \_\_\_\_\_

Safety Tailgate Performed Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Encroachment Permit Applied For: [ ] City [ ] County Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Utilities Cleared or Marked: Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Type of Repair [ ] Main [ ] Fire Hydrant [ ] Fire Service [ ] Domestic Service; [ ] Service Other \_\_\_\_\_

Type of Pipe: \_\_\_\_\_ Size: \_\_\_\_\_ Length: \_\_\_\_\_ Depth: \_\_\_\_\_

Soil type/Condition: \_\_\_\_\_

Water off? How long? \_\_\_\_\_ Chlorination Method: \_\_\_\_\_ Water Samples taken? [ ] Yes [ ] No

Work Surface [ ] AC \_\_\_\_\_ inches [ ] Concrete \_\_\_\_\_ inches [ ] Gravel [ ] Dirt  
\_\_\_\_\_ sq ft \_\_\_\_\_ sq ft

AC Replacement: [ ] Temporary [ ] Permanent Concrete Replacement: [ ] Temporary [ ] Permanent

Cause: [ ] Electrolysis [ ] Shear [ ] Mineral lead [ ] Other \_\_\_\_\_  
[ ] Split [ ] Pinhole [ ] Poor installation \_\_\_\_\_

Contractor's Damage

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

Contact Person: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Cost Analysis

Personnel: \_\_\_\_\_

Hours: \_\_\_\_\_

Equipment: \_\_\_\_\_

Hours: \_\_\_\_\_

Property Damage [ ] Yes [ ] No Photographs [ ] Yes [ ] No

Page, valve number, and distance from repair: \_\_\_\_\_

Comments: \_\_\_\_\_

**Location Sketch**

*(If more room is needed, continue sketch on back)*

N

Signed: \_\_\_\_\_ Attachments: work order copy, Bac-T sample results, copy of area valve map with repair and isolation valves highlighted.