

Ser# _____

UTILITIES DIVISION WORK ORDER

Date Received: 10-18-89 Date Started: _____

Time: _____ Date Completed: 10-18-89

Name & Address: Huntington Ave + 380 Tel: _____

Acct #: _____ Final Reading: _____ Meter # _____

- | | | |
|--|---|--|
| <u>Located</u> | <u>Nature of Work</u> | |
| <input type="checkbox"/> Street | <input type="checkbox"/> Main Leak, Size _____ | <input type="checkbox"/> Pressure Problems |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Meter Leak, Size _____ | <input type="checkbox"/> Turbidity |
| <input type="checkbox"/> Cement | <input type="checkbox"/> Meter Set | <input type="checkbox"/> Taste & Odor |
| <input type="checkbox"/> Lawn | <input type="checkbox"/> Meter Change | <input type="checkbox"/> Backfill |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Meter Box Replacement | <input type="checkbox"/> Loc./Mark. Lines |
| | <input type="checkbox"/> Main Tap, Size _____ | <input type="checkbox"/> Chlor.-Residuals |
| <u>Customer Notified</u> | <input type="checkbox"/> Valve Leak, Size _____ | <input type="checkbox"/> Daily Rounds |
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Valve Repair, Size _____ | <input type="checkbox"/> Shutoff/Repair |
| <input type="checkbox"/> Hang Tag | <input type="checkbox"/> Valve Box Replacement | <input type="checkbox"/> Turn Bk On/Repair |
| <input type="checkbox"/> None | <input type="checkbox"/> Hydrant Pickup | <input type="checkbox"/> Backflow Valve |
| <input type="checkbox"/> Other (like neighbor) | <input type="checkbox"/> Hydrant Repair | <input type="checkbox"/> Control Valve |
| | <input type="checkbox"/> Service Change | <input type="checkbox"/> Regulator Valve |
| | <input type="checkbox"/> Set Sod | <input type="checkbox"/> Dig Out |
| <u>Trucks Used</u> | <input type="checkbox"/> Water Samples | <input type="checkbox"/> In-House Project |
| | <input type="checkbox"/> Other _____ | |

Regulator - leak
Earthquake damage?

- | | | |
|--|-------|-------|
| | Reg | OT |
| <input type="checkbox"/> 7322 | _____ | _____ |
| <input type="checkbox"/> 7322A | _____ | _____ |
| <input type="checkbox"/> 7322B | _____ | _____ |
| <input type="checkbox"/> 7323 | _____ | _____ |
| <input type="checkbox"/> 7312 | _____ | _____ |
| <input checked="" type="checkbox"/> 7313 | _____ | _____ |
| <input type="checkbox"/> 7314 | _____ | _____ |
| <input type="checkbox"/> 7315 | _____ | _____ |
| <input type="checkbox"/> 7316 | _____ | _____ |
| <input type="checkbox"/> 7316A | _____ | _____ |
| <input type="checkbox"/> 7317 | _____ | _____ |
| <input type="checkbox"/> 7318 | _____ | _____ |
| <input type="checkbox"/> 7319 | _____ | _____ |
| <input type="checkbox"/> 7319A | _____ | _____ |
| <input type="checkbox"/> 7349A | _____ | _____ |

Total Men Used 1
Total Hours Worked _____
Total O.T. Hours Worked 1

Remarks _____



Job Supervisor

ENTERED
10-20