

CONTRACTOR WORK ORDER REQUEST FORM

TO BE COMPLETED BY CONTRACTOR:

From:		Company:	
Request to Contract Manager by way of :		Phone <input type="checkbox"/>	Fax <input type="checkbox"/>
		Email <input type="checkbox"/>	Hand Carry <input type="checkbox"/>
Date of Request:		Contract No:	
Date Requested For:		Contract Manager:	
Date Confirmed to Contractor :			
<input type="checkbox"/> REQUEST FOR MATERIAL INSPECTION			
<input type="checkbox"/> REQUEST FOR SHUTDOWN <input type="checkbox"/> Partial, Limits: <input type="checkbox"/> Full			
Reason for Shutdown:			
<input type="checkbox"/> Cleaning & Lining		<input type="checkbox"/> Hook-Up	
<input type="checkbox"/> Fire Hydrant:		<input type="checkbox"/> Relocation	
<input type="checkbox"/> Repair		<input type="checkbox"/> Valve:	
<input type="checkbox"/> Relocation		<input type="checkbox"/> Installation	
<input type="checkbox"/> Other:		<input type="checkbox"/> Repair	
<input type="checkbox"/> REQUEST FOR CHLORINATION SAMPLE P/U			
Street Names & Locations:			
<input type="checkbox"/> REQUEST FOR SEWER FINAL:			
<input type="checkbox"/> SHC-CCTV		<input type="checkbox"/> Full <input type="checkbox"/> Partial, Lots:	
<input type="checkbox"/> Visual		<input type="checkbox"/> Full <input type="checkbox"/> Partial, MH Nos.:	
<input type="checkbox"/> Air Test		<input type="checkbox"/> Full <input type="checkbox"/> Partial:	
<input type="checkbox"/> Pressure Test		<input type="checkbox"/> Full <input type="checkbox"/> Partial:	
<input type="checkbox"/> Mandrel		<input type="checkbox"/> Full <input type="checkbox"/> Partial:	
<input type="checkbox"/> REQUEST FOR <u>2 HR.</u> WM HYDROSTATIC TEST			
<input type="checkbox"/> REQUEST FOR <u>8 HR.</u> WM HYDROSTATIC TEST:			
High Hydraulic Gradient:		Lowest Invert:	
Gauge Elevation:		Lowest Surge Pressure:	
		Highest Invert:	
		Location of Gauge:	
Pipe Size	Length of Pipe	Street	Stations