

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"/> Relocation	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Test	<input type="checkbox"/> Fire Hydrant: <input type="checkbox"/> Repair <input type="checkbox"/> Relocation	<input type="checkbox"/> Valve: <input type="checkbox"/> Installation	<input type="checkbox"/> Repair
<input type="checkbox"/> Other:			
<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:	Lowest Surge Pressure:
Gauge Elevation:		Highest Invert:	Location of Gauge:
Pipe Size	Length of Pipe	Street	Stations