



AUTOMATIC AIR VENT REPORT

AIR VENT NO:

CADASTRAL NO:

OWNER:

OPERATOR:

AIR VENT LOCATION

ISOLATION VALVE NO.:

Alignment: St.	
Ave.	
X Coord.:	Y Coord.:
Z Coord. (GROUND ELEV.):	

AIR VENT INFORMATION

Manufacturer:	Model:
Diameter:	Cathodic Protection (Y/N):
In Chamber (Y/N):	Installation Date:

PROJECT INFORMATION

Project No.:	Year:	Work Order:	Year:
Contractor:		Construction Foreman:	

FIELD SKETCH AND COMMENTS (NOTE: PROVIDE SKETCH IF DETAIL IS NOT INCLUDED IN THE AS-BUILT DRAWINGS.)

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