



MANUAL AIR VENT REPORT

AIR VENT NO:

CADASTRAL NO:

OWNER:

OPERATOR:

CONTROL VALVE LOCATION

CONTROL VALVE NO.

Nearest Intersection Street:	Avenue:
Alignment St.	
Ave.	

Watermain Alignment:

AIR VENT LOCATION

IN CHAMBER? YES _____ NO _____

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

AIR VENT LEAD INFORMATION (If Applicable)

Manufacturer	Model:
Diameter:	Material Type:
Main (Lead) Length:	Joint Type:
Installation Date	

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

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

Blank area for field sketch and comments.