



VALVE REPORT

VALVE NO.

CADASTRAL NO:

OWNER:

OPERATOR:

VALVE PURPOSE: MAIN CONTROL, HYDT. CONTROL, SERVICE CONTROL, AIR VENT, BLOW OFF CONTROL, FLOW HYDRANT & SERVICE CONTROL, PRESSURE REDUCER, SURGE PROTECTION, FLUSH POINT CONTROL, ZONE SEPARATION: (Please choose one) _____

VALVE LOCATION

CONTROL FACILITY NO:

Nearest Intersection: St.		Ave.	
Alignment: St.		Ave.	
X Coord.:		Y Coord.:	
Z Coord.: (GROUND ELEV)	Z Coord.: (BOTTOM INV OF PIPE)	Z Depth:	

WATER MAIN INFORMATION

Alignment:	
Diameter:	Material:

VALVE STATUS – DISPATCH TO ENTER STATUS

Current Status (Open, Cls-Stop, Other):	Status Changed Date:	Reason:
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VALVE INFORMATION

Valve Diameter:	Actuator (Y/N):	Installation Date:	Cathodic Protection (Y/N):
Manufacturer:		Model:	
Type (Gate, Butterfly, Ball, Check Valve, PRV, Ball-CC):			
Casing (Y/N):	Geared (Y/N):	Direction to Open (L/R):	
Installation Method (TVS, In Chamber, Direct Bury, Direct Line):			

SERVICE MAIN INFORMATION (If Applicable)

Alignment:		
Diameter:	Material:	Make:

IF VALVE IS FOR SERVICE CONTROL, SELECT THE APPLICABLE SERVICES

Domestic (Y/N):	Fire Hose (Y/N):	Fire Hydrant (Y/N):
Sprinkler (Y/N):	Critical Service (Y/N) Add other comments in the Comments Field:	Commercial: (Y/N)

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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