

FORM 1 - LEAK REPORT AND REPAIR ORDER

Town		Date Found	Date Repaired
Location		Station # Or Distance And Direction To Cross Street Line	
Recommended Action			
<input type="checkbox"/> Main	Size & Type Pipe or Fitting		Year Installed
<input type="checkbox"/> Service			
Describe Leak			
Describe Leak Repair			
Condition of Pipe Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		Condition Of Coating Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None <input type="checkbox"/>	Coating Bonded Yes <input type="checkbox"/> No <input type="checkbox"/>
P/S	MV	Anode Installed Yes <input type="checkbox"/> No <input type="checkbox"/>	Where Insulated
Soil Type Sandy <input type="checkbox"/> Clay <input type="checkbox"/> Rock <input type="checkbox"/>		Soil Condition Wet <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/>	
Section Under Cathodic Protection Yes <input type="checkbox"/> No <input type="checkbox"/>		Section Insulated For Cathodic Protection <input type="checkbox"/> Yes <input type="checkbox"/> No	

Remarks _____

Reported By _____

Repaired By _____