

# REPAIR / BELL HOLE REPORT

Company: _____ Report no. _____ Date: _____		
<b>Reason for report:</b> <input type="checkbox"/> Leak <input type="checkbox"/> Line Hit <input type="checkbox"/> Construction <input type="checkbox"/> Other: _____		
Date repair started: _____ Date finished: _____ Foreman: _____		
Repairs made: _____		
Address/Location: _____ City: _____		
If cast iron was uncovered, coupon taken for graphitization testing? <input type="checkbox"/> Yes <input type="checkbox"/> No Date coupon submitted to lab: _____		
Class of pipe: <input type="checkbox"/> Main <input type="checkbox"/> Service <input type="checkbox"/> Yardline <input type="checkbox"/> Trans. Depth of pipe in inches: _____		
O.D. of pipe: _____ Wall thickness / SDR: _____ SMYS for steel pipe: _____,000		
Pipe type: <input type="checkbox"/> Coat Protected <input type="checkbox"/> Coat Unprotected <input type="checkbox"/> Bare Protected <input type="checkbox"/> Bare Unprotected <input type="checkbox"/> Ductile <input type="checkbox"/> P.E. <input type="checkbox"/> Cast Iron <input type="checkbox"/> Copper <input type="checkbox"/> Other: _____		
Cause of leakage: <input type="checkbox"/> Corrosion <input type="checkbox"/> Third Party <input type="checkbox"/> Outside Force <input type="checkbox"/> Construction Defect <input type="checkbox"/> Material Defect <input type="checkbox"/> Fusion Defect <input type="checkbox"/> Other: _____		
Pipe markings: Steel: _____ Other: _____		
Backfill within 12 inches of pipe: <input type="checkbox"/> Dirt only <input type="checkbox"/> Dirt/Sand <input type="checkbox"/> Sand only <input type="checkbox"/> Dirt/Rock <input type="checkbox"/> Sand/Rock <input type="checkbox"/> Rock only <input type="checkbox"/> Clay only <input type="checkbox"/> Clay/Rock PH of Soil: _____		
<b>Corrosion Control Information</b>		
Initial Pipe / Soil reading: _____ Test Station available: <input type="checkbox"/> Yes <input type="checkbox"/> No Test station installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of cathodic protection: <input type="checkbox"/> None <input type="checkbox"/> Galvanic Anodes <input type="checkbox"/> Impressed Current		
Date Anodes installed: _____ Anodes Mapped: <input type="checkbox"/> Yes <input type="checkbox"/> No Pipe / Soil readings after Anode installation: _____		
Condition of pipe: <input type="checkbox"/> Good <input type="checkbox"/> General Corrosion <input type="checkbox"/> General Pitting <input type="checkbox"/> Localized Pitting Depth of pits: _____		
Coating Type: <input type="checkbox"/> Bare <input type="checkbox"/> Tar <input type="checkbox"/> Tape <input type="checkbox"/> Thin Film Resin <input type="checkbox"/> X-tru Coat <input type="checkbox"/> Other: _____		
Moisture: <input type="checkbox"/> Wet <input type="checkbox"/> Damp <input type="checkbox"/> Dry		
<b>Plastic Pipe</b>		
Manufacturer: _____ Pipe markings: _____ If no markings, pipe color: _____		
Pipe condition: <input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Scratched <input type="checkbox"/> 3. Gouged <input type="checkbox"/> 4. Creased <input type="checkbox"/> 5. Other: _____		
If 2 or 3 is checked, is damage more than 10% of wall thickness? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, replace.		
Located by: <input type="checkbox"/> Tracer Wire <input type="checkbox"/> Tape Maps <input type="checkbox"/> None		
Comments:		