



PUBLIC WORKS DEPARTMENT

Work Order

WU#

23198

DISTRIBUTION & COLLECTION

Date of Call: 4-11-24	Time: AM <input type="checkbox"/> PM <input type="checkbox"/>	Called out after hours: <input type="checkbox"/> Yes <input type="checkbox"/> No	Call Taken By:
Name of Complainant:			Telephone #
Physical Address: 303 N. Washington		Respondent: DT	Time: 9:10 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
Name of Business, if applicable:			
Nature of Job/Complaint Sewer			
Action Taken			
Locate Ticket #: _____		Service Stoppage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 30 ft washed Main Stoppage <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ft washed Wash Main for Preventative <input type="checkbox"/> _____ ft. washed	
Wash Service for Sewer Repair			
Leak/Problem: <input type="checkbox"/> City Main <input type="checkbox"/> Resident Service Meter Reading _____		Customer Notified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Materials Used:		Gallons Flushed:	
		Time Start:	
		Time Stop:	
		Gallons Loss From Leak	
		Did pressure drop below 20 PSI <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Gallons to fill truck:	
Respondent Comments:			
<input type="checkbox"/> Street repairs required: Notified _____ Date: _____ Time: _____ <input type="checkbox"/> Additional maintenance required. Explain: _____			
Respondent(s) (Please check all that apply)			Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mooney	<input type="checkbox"/> Davis	<input type="checkbox"/> Moore	Date: 4-11-24
<input type="checkbox"/> Alvarez	<input type="checkbox"/> Hicks	<input type="checkbox"/> Johnson	Time: 9:31 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
<input type="checkbox"/> Boyd	<input type="checkbox"/> Hill	<input type="checkbox"/> Roach	Crew Chief Signature:
<input type="checkbox"/> Crawford	<input type="checkbox"/> McClendon	<input checked="" type="checkbox"/> Trevino	DT
		<input checked="" type="checkbox"/> Turner	
		<input type="checkbox"/> Williams	
J. Grinnell			
Porcayo			
Notes:			



PUBLIC WORKS DEPARTMENT

Work Order

WU# 23249

DISTRIBUTION & COLLECTION

Date of Call: 4-11-24	Time: 7:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	Called out after hours: <input type="checkbox"/> Yes <input type="checkbox"/> No	Call Taken By:
Name of Complainant:			Telephone #
Physical Address: 303 N. Washington AVE.		Respondent:	Time: 7:30 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
Name of Business, if applicable:			
Nature of Job/Complaint Sewer Repair 4'			
Action Taken Locate Ticket #: 2460191139 Dig up And Repair 4' going To 6'		Service Stoppage <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ ft washed Main Stoppage <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ft washed Wash Main for Preventative <input type="checkbox"/> _____ ft. washed	
Leak/Problem: <input type="checkbox"/> City Main <input type="checkbox"/> Resident Service Meter Reading _____		Customer Notified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Materials Used: 1-6x4 Clay To Plastic 9ft 4' P.V.C.		Gallons Flushed:	
		Time Start: Time Stop:	
		Gallons Loss From Leak	
		Did pressure drop below 20 PSI <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Gallons to fill truck:	
Respondent Comments: Customer Replace His Side And To City Side			
<input type="checkbox"/> Street repairs required: Notified _____ Date: _____ Time: _____ <input type="checkbox"/> Additional maintenance required. Explain: _____			
Respondent(s) (Please check all that apply)			Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mooney <input checked="" type="checkbox"/> Alvarez <input type="checkbox"/> Boyd <input type="checkbox"/> Crawford	<input type="checkbox"/> Davis <input type="checkbox"/> Hicks <input checked="" type="checkbox"/> Hill <input checked="" type="checkbox"/> McClendon	<input type="checkbox"/> Moore <input type="checkbox"/> Johnson <input type="checkbox"/> Roach <input checked="" type="checkbox"/> Salinas <input type="checkbox"/> Simental <input type="checkbox"/> Trevino <input type="checkbox"/> Turner <input type="checkbox"/> Williams	<input type="checkbox"/> J. Grinnell <input type="checkbox"/> Porcayo
			Date: 4-11-24 Time: 2:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Crew Chief Signature: M.E. Hill
Notes:			