

Baldwin County Sewer Service
GRINDER PUMP CALL WORKSHEET

WO NUMBER: I-0000000866

WO CODE: G/P

CUSTOMER NAME: D R HORTON
SERVICE ID: 10737 BAHIA CT
ACCOUNT NO: 83SA
ADDRESS: 10737 BAHIA CT

PHONE NO:
ISSUE DATE: 07/17/2014
PROCESS DATE: 07/17/2014
PROCESS TIME: 12:30 PM
REQUESTED BY: LINDA
ASSIGNED TO: RR

INSTALL INFORMATION:

ALABAMA LINE LOCATE TICKET NO: _____

DATE REQUESTED: _____ @ _____ a.m. / p.m.

EFFECTIVE DATE: _____ @ _____ a.m. / p.m.

RENEW: _____ EXPIRES: _____ BY: _____

LOCAL UTILITY COMPANIES TO BE CONTACTED TO LOCATE: 1. _____ 2. _____
3. _____ 4. _____ 5. _____ 6. _____

SPECIAL INSTRUCTIONS: _____

VERIFICATION OF WATER LINE LOCATED: YES _____

WATER LINE SIZE AND TYPE OF MATERIAL: _____

VERIFICATION OF SEWER LINE LOCATED: YES _____

SEWER LINE SIZE AND TYPE OF MATERIAL: _____

BY: _____

WATER PROVIDER: _____

CONTACT WITH WATER PROVIDER TO MEET AT SITE TO VERIFY WATER LINE PROPER LOCATION

CONFIRM SEWER LINE WITH WATER PROVIDER

PHONE: _____ DATE/TIME: _____

WATER PROVIDER REPRESENTATIVE: _____

RESPONSE FROM REPRESENTATIVE: _____

BY: _____
INSTALLATION SUPERVISOR

IF WATER LINE/SEWER LINE IS NOT LOCATION AND VERIFIED BY WATER/
SEWER PROVIDER NO INSTALLATION OF SEWER IS TO BE PERFORMED!

BALDWIN COUNTY SEWER SERVICE
GRINDER PUMP INSTALLATION WORKSHEET

ORIGINAL WO NUMBER: I-0000000866

CUSTOMER NAME: D R HORTON
 SERVICE ID: 10737 BAHIA CT
 ACCOUNT NO: 83SA
 ADDRESS: 10737 BAHIA CT

PHONE: _____
 DATE: 07/17/2014
 PROCESS DATE: 07/17/2014
 REQUESTED BY: LINDA
 ASSIGNED TO: RR

INSTALLATION PROTOCOL:

INSTALLED:

- | | | |
|---|-----------|----------|
| 1. VIEW LIQUID FROM LINE AND SMELL | YES _____ | NO _____ |
| 2. TEST LIQUID WITH (ATTACH PHOTO): _____ | YES _____ | NO _____ |
| 3. CURB STOP & BOX (INSTALLED WITH LOCK - ATTACH PHOTO) | YES _____ | NO _____ |
| 4. GRINDER PUMP INSTALLATION SHALL NOT BE PERFORMED UNTIL ITEM 2 TEST RESULTS ARE VERIFIED WITH POSITIVE RESULTS. | | |

NOTES: _____

SUPERVISOR ON SITE:

PRINTED NAME	SIGNATURE
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INSTALL CREW:

- | | | |
|----|--------------|-----------|
| 1. | PRINTED NAME | SIGNATURE |
| 2. | PRINTED NAME | SIGNATURE |
| 3. | PRINTED NAME | SIGNATURE |
| 4. | PRINTED NAME | SIGNATURE |

I, WE HERBY VERIFY THE GRINDER PUMP INSTALLATION ABOVE WAS/IS A PROPER CONNECTION OF SANITARY SEWER SERVICE, I WAS PHYSICALLY PRESENT DURING INSTALLATION, AND THAT THIS VERIFICATION HAS BEEN EXECUTED AT COMPLETION OF WORK BEING PERFORMED AND START UP HAS NOT BEEN DONE.

INSTALLATION SUPERVISOR ON SITE: _____
 PRINTED NAME SIGNATURE

DATE: _____

INSTALLER: _____
 PRINTED NAME SIGNATURE

DATE: _____

BALDWIN COUNTY SEWER SERVICE

START UP WORKSHEET

ORIGINAL WO NUMBER: I-0000000866

CUSTOMER NAME: D R HORTON
SERVICE ID: 10737 BAHIA CT
ACCOUNT NO: 83SA
ADDRESS: 10737 BAHIA CT

PHONE:
PROCESS DATE: 07/17/2014
REQUESTED BY: LINDA
ASSIGNED TO: RR

I/WE HEREBY VERIFY THAT START UP PROCEDURES HAVE BEEN COMPLETED AND THIS AT THE DATE OF COMPLETION.

SUPERVISOR ON SITE AT START UP:

PRINT

SIGNATURE

START UP FIELD TECHNICIAN:

PRINT

SIGNATURE

CURB STOP UNLOCKED BY:

SIGNATURE

(ATTACH PHOTO)

GRINDER PUMP VOLTS/AMPS AT START UP: VOLTS: _____ AMPS: _____

NOTES: _____

DATE AND TIME START UP COMPLETE: _____

I HAVE REVIEWED THE DOCUMENTATION FOR THE GRINDER PUMP INSTALLATION AND START UP AT THE ABOVE ADDRESS, AND FIND THAT ALL CHECKLIST ITEMS WERE COMPLETED IN ACCORDANCE WITH THE OPERATION PROCEDURES ADOPTED AT BALDWIN COUNTY SEWER SERVICE, LLC.

INSTALLATION SUPERVISOR: _____
SIGNATURE

**BALDWIN COUNTY SEWER SERVICE
OPERATIONS CHECKLIST**

CUSTOMER NAME: D R HORTON
 ADDRESS: 10737 BAHIA CT
 SERVICE ID: 10737 BAHIA CT

ACCOUNT NO: 83SA
 PHONE:

- CUSTOMER INFORMATION COMPLETED YES _____ NO _____
 - LINE LOCATE CONTACTED BY OFFICE PERSONNEL YES _____ NO _____
 - WATER PROVIDER VERIFIED LOCATION OF WATER LINE YES _____ NO _____
- IF NOT, WHY NOT? _____

- CALL SHEET VERIFIED BY EMPLOYEE(S) AND SUPERVISOR YES _____ NO _____
- CALL SHEET RETURNED TO OFFICE FOR COMPLETION OF MISSING INFORMATION YES _____ NO _____

INSTALLATION CHECKLIST

- CUSTOMER INFORMATION COMPLETED YES _____ NO _____
- INSTALLATION PROTOCOLS MARKED "YES" YES _____ NO _____
- IF ALL NOT MARKED "YES" WHICH WERE NOT DONE AND WHY? _____

- PHOTO OF LOCKED CURB STOP ATTACHED YES _____ NO _____
- INSTALL PROTOCOLS COMPLETED AND SIGNED BY AT LEAST ONE CREW MEMBER AND INSTALLATION SUPERVISOR YES _____ NO _____
- WAS VERIFICATION DONE ON SITE AT THE TIME OF YES _____ NO _____

START UP LIST

- CUSTOMER INFORMATION COMPLETED YES _____ NO _____
- START UP DATE AND TIME ON WORKSHEET YES _____ NO _____
- WERE INSTALLATION TECHNICIAN AND INSTALLATION SUPERVISOR ON SITE YES _____ NO _____
- VOLTS/AMPS DATED, FILLED IN AND REVIEWED BY OPERATIONS MANAGER YES _____ NO _____
- CURB STOP UNLOCKED AND PHOTO ATTACHED YES _____ NO _____
- OPERATIONS MANAGER SIGNED VERIFICATION WITHIN 24 HRS OF START UP YES _____ NO _____

BY: _____
 OPERATIONS MANAGER