

VALVE DATA COLLECTION FORM	
Section 1 – Project Information	
Project: _____	Contractor / Foreman: _____
Prepared by: _____	Project / W.O. Number: _____
Date: _____	Temp Field ID - Valve #: _____
Section 2 – Valve Data	
Manufacturer: _____ Model: _____ Manufacture Date: _____ Serial Number: _____ Depth to Top of Nut: _____ Install Date: _____	Valve Type: <input type="checkbox"/> Gate <input type="checkbox"/> Butterfly <input type="checkbox"/> Tapping <input type="checkbox"/> Ball <input type="checkbox"/> Flushing Device <input type="checkbox"/> Cut In <input type="checkbox"/> Other _____ Valve Size: <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> Other _____ Valve Use: <input type="checkbox"/> Main Line <input type="checkbox"/> Hydt. Auxiliary <input type="checkbox"/> Fire Service <input type="checkbox"/> Blow Off <input type="checkbox"/> General Service <input type="checkbox"/> Stub/Future use <input type="checkbox"/> Air Release <input type="checkbox"/> Production
Address #: _____ Street Name: _____ Cross Street: _____ City: _____ Subdivision: _____ Field Comments: _____ _____	Main Type: <input type="checkbox"/> AC <input type="checkbox"/> Cast Iron <input type="checkbox"/> Ductile Iron <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Concrete <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> Other _____ Main Size: <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> 18 <input type="checkbox"/> 20 <input type="checkbox"/> 24 <input type="checkbox"/> 36 <input type="checkbox"/> Other _____ Joint Type: <input type="checkbox"/> Mech Joint <input type="checkbox"/> Push On <input type="checkbox"/> MJ Restrained <input type="checkbox"/> Field Lok <input type="checkbox"/> Anchor Fittings <input type="checkbox"/> Other _____ Depth to Top of Main: _____
GPS Coordinates (Post Processed) Latitude: _____ Longitude: _____ Elevation: _____	Pressure Class: <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 300 <input type="checkbox"/> 350 Type of Access: <input type="checkbox"/> Valve Box <input type="checkbox"/> Vault <input type="checkbox"/> Manhole <input type="checkbox"/> Other _____ Open Direction: Number of Turns to Operate: <input type="checkbox"/> Left <input type="checkbox"/> Right _____
Measurement 1: _____ Measurement 2: _____	OFFICE USE Valve Number: _____

Completed by: _____ Contact Phone#: _____