

WATER SERVICES SEWER FORM

☐ After Hours/ ☐ Maintenance

Call Information

Date: _____ Call Time: _____ am ☐ pm ☐ Arrival Time: _____ am ☐ pm ☐

Employee Dispatched: _____ Call # _____ Unit #: _____

Customer Name: _____ Customer Phone #: _____

Address: _____

Resident		Apartment		Industrial		City Owned	
Duplex		Commercial		School		Other:	
Name of Property: _____							

SEWER STOP ¹		IF OVERFLOW: COMPLETE THIS SECTION			
OVERFLOW <input type="checkbox"/> Yes <input type="checkbox"/> No		AFFECTED AREA		OVERFLOW LOCATION	
Manhole		Creek		Manhole	
Public Service Line		Storm Sewer		Public Cleanout	
Main Line		Pasture		Private Cleanout	
Private Service line		Pond		Building ²	
Distance PCO: _____ Feet		Lake		Other:	
CAUSE				Comments:	
Grease		Drainage Ditch			
Paper		Pavement/Street			
Roots		Front Yard			
Inflow/Infiltration		Side Yard			
Broken Pipe		Back Yard			
Rags		Inside Building ²			
Other:		Other:			
MAINTENANCE		CLEANUP		DETAILS	
Routine Maintenance		Removed Solids		Gallons Spilled	
Footage: _____ Feet		Removed Liquids		Gallons Recovered	
Root Treatment		Removed Soil		Fish Kill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Footage: _____ Feet		Replaced Soil		Other:	
Grease Treatment		Flushed Area	gals		
Footage: _____ Feet		10 % Bleach	gals	BASIN LOCATION/WWTP/Permit #	
		Other Disinfectant:		#1 Burton Creek 10426-001	
Other:				#2 Still Creek 10426-002	
				#3 Turkey Creek 10426-003	

1. Indicate the location that the stop occurred. If on the private side indicate footage to stoppage from private cleanout.
2. If overflow occurred in Building, indicate approximate depth of water and rooms effected in comments section.

After Hour Overflow Procedure: 1. call **1-254-761-3001** and leave message with the following info. **1.** name, date and time of spill; **2.** address and city; **3.** cause; **4.** quantity; **5.** If spill caused fish kill and/or entered body of water; **6.** affected area; **7.** overflow location

After Hour TCEQ Notification: Date _____ Time _____ Employee name _____

COMMENTS:

Employee's Name	Hrs	Equipment Name & Unit #	Hrs	Materials Used	Quantity

Completion Date: _____

Departure Time: _____ am ☐ pm ☐

