



DAVAO CITY WATER DISTRICT

Commercial Services Department
Customer Care Division

NEW SERVICE CONNECTION INVESTIGATION CHECKLIST

APPLICANT'S DATA			Application No. : _____		
APPLICANT'S NAME : _____ ADDRESS : _____			Date Received : _____		
SIZE OF WATER METER		CONNECTION TYPE	SIZE OF WATER METER		
<input type="checkbox"/> 13mmØ Others : _____ <input type="checkbox"/> 15mmØ <input type="checkbox"/> 20mmØ <input type="checkbox"/> 25mmØ		<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> Bulk	<input type="checkbox"/> T # _____ <input type="checkbox"/> F # _____ <input type="checkbox"/> Primary Line - 1st Cluster <input type="checkbox"/> Primary Line - 2nd Cluster <input type="checkbox"/> Others _____		
PERMIT & EXCAVATION TYPE		PAVEMENT TYPE	FOR TECH. EVALUATION		
<input type="checkbox"/> CEO <input type="checkbox"/> Across / Tawid <input type="checkbox"/> DPWH <input type="checkbox"/> Barangay <input type="checkbox"/> Along / Pabor <input type="checkbox"/> Subdivision		<input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Macadam	No. of Storey _____ No. of Units _____ <input type="checkbox"/> With Attached Documents <input type="checkbox"/> No Attached Documents <input type="checkbox"/> Needs Attachment		
ASSUME CONNECTION STATUS (If Needed)			REMARKS (Pls. indicate findings)		
<input type="checkbox"/> Active <input type="checkbox"/> Dismounted Account No. : _____ Account Name : _____					
INVESTIGATION RESULT / FINDINGS					
Date : _____ 1st Visit <input type="checkbox"/> Approved w/ Complete Provision & Name tag <input type="checkbox"/> Disapproved due to : <input type="checkbox"/> No GV <input type="checkbox"/> No CV <input type="checkbox"/> WLGV <input type="checkbox"/> LVP <input type="checkbox"/> SVP <input type="checkbox"/> LHP <input type="checkbox"/> WLCV <input type="checkbox"/> NIP <input type="checkbox"/> No SPU <input type="checkbox"/> SHP <input type="checkbox"/> WP <input type="checkbox"/> No Spacing - 12" Remarks : _____ _____ _____ _____ <input type="checkbox"/> For waiver of Board Res.296/Low Pressure					
Inspected & Verified By : _____					
INVESTIGATION RESULT / FINDINGS			INVESTIGATION RESULT / FINDINGS		
Date : _____ 2nd Visit <input type="checkbox"/> Approved w/ Complete Provision & Name tag <input type="checkbox"/> Disapproved due to : <input type="checkbox"/> No GV <input type="checkbox"/> No CV <input type="checkbox"/> WLGV <input type="checkbox"/> LVP <input type="checkbox"/> SVP <input type="checkbox"/> LHP <input type="checkbox"/> WLCV <input type="checkbox"/> NIP <input type="checkbox"/> No SPU <input type="checkbox"/> SHP <input type="checkbox"/> WP <input type="checkbox"/> No Spacing - 12" Remarks : _____ _____ _____ _____ <input type="checkbox"/> For waiver of Board Res.296/Low Pressure			Date : _____ 2nd Visit <input type="checkbox"/> Approved w/ Complete Provision & Name tag <input type="checkbox"/> Disapproved due to : <input type="checkbox"/> No GV <input type="checkbox"/> No CV <input type="checkbox"/> WLGV <input type="checkbox"/> LVP <input type="checkbox"/> SVP <input type="checkbox"/> LHP <input type="checkbox"/> WLCV <input type="checkbox"/> NIP <input type="checkbox"/> No SPU <input type="checkbox"/> SHP <input type="checkbox"/> WP <input type="checkbox"/> No Spacing - 12" Remarks : _____ _____ _____ _____ <input type="checkbox"/> For waiver of Board Res.296/Low Pressure		
Inspected & Verified By : _____			Inspected & Verified By : _____		
INVESTIGATION RESULT / FINDINGS			INVESTIGATION RESULT / FINDINGS		
Date : _____ 3rd Visit <input type="checkbox"/> Approved w/ Complete Provision & Name tag <input type="checkbox"/> Disapproved due to : <input type="checkbox"/> No GV <input type="checkbox"/> No CV <input type="checkbox"/> WLGV <input type="checkbox"/> LVP <input type="checkbox"/> SVP <input type="checkbox"/> LHP <input type="checkbox"/> WLCV <input type="checkbox"/> NIP <input type="checkbox"/> No SPU <input type="checkbox"/> SHP <input type="checkbox"/> WP <input type="checkbox"/> No Spacing - 12" Remarks : _____ _____ _____ _____ <input type="checkbox"/> For waiver of Board Res.296/Low Pressure			Date : _____ 3rd Visit <input type="checkbox"/> Approved w/ Complete Provision & Name tag <input type="checkbox"/> Disapproved due to : <input type="checkbox"/> No GV <input type="checkbox"/> No CV <input type="checkbox"/> WLGV <input type="checkbox"/> LVP <input type="checkbox"/> SVP <input type="checkbox"/> LHP <input type="checkbox"/> WLCV <input type="checkbox"/> NIP <input type="checkbox"/> No SPU <input type="checkbox"/> SHP <input type="checkbox"/> WP <input type="checkbox"/> No Spacing - 12" Remarks : _____ _____ _____ _____ <input type="checkbox"/> For waiver of Board Res.296/Low Pressure		
Inspected & Verified By : _____			Inspected & Verified By : _____		
			Legend :		
			1. No GV - No Gate Valve 2. No CV - No Check Valve 3. LHP - Long Horizontal Pipe 4. SHP - Short Horizontal Pipe 5. WP - Wrong Provision 6. LVP - Long Vertical Pipe 7. SVP - Short Vertical Pipe 8. NIP - No Internal Pipe 9. No SPU - No Standard Plumbing Unit 10. WLGV - Wrong Location of Gate Valve 11. WLCV - Wrong Location of Check Valve		