



DAVAO CITY WATER DISTRICT
Commercial Services Department

INVESTIGATION REPORT

Request & Complaints

Account Name : _____ Meter Identifier : _____ Date : _____
 Account No. : _____ Meter Brand : _____ JMS No. _____
 Address : _____ Actual Reading : _____ No. of occupants _____

Nature of Transaction : Request Complaint/s

REQUEST

Type of Request	Connection Type	Installation Type	Excavation Type	Meter location status
<input type="checkbox"/> Reconnection of Water Service <input type="checkbox"/> Repositioning of Meter <input type="checkbox"/> Transfer of Water Meter <input type="checkbox"/> Elevate / Arrange Meter <input type="checkbox"/> Replacement of Stolen Water Meter <input type="checkbox"/> Replacement of Defective Water Meter	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> Bulk	<input type="checkbox"/> Primary Line Connection <input type="checkbox"/> Cluster # _____ <input type="checkbox"/> T-connection # _____ <input type="checkbox"/> F-connection # _____ <input type="checkbox"/> Meter only <input type="checkbox"/> Others: _____	<input type="checkbox"/> CEO <input type="checkbox"/> Concrete <input type="checkbox"/> DPWH <input type="checkbox"/> Asphalt <input type="checkbox"/> BRGY <input type="checkbox"/> Macadam <input type="checkbox"/> SUBD <input type="checkbox"/> Across <input type="checkbox"/> Along	<input type="checkbox"/> Correct Position & Location <input type="checkbox"/> Inside Property <input type="checkbox"/> Meter Far from the House <input type="checkbox"/> Others : _____
Size of Meter : <input type="checkbox"/> 13mm Ø (1/2") <input type="checkbox"/> 15mm Ø (5/8") <input type="checkbox"/> 20mm Ø (3/4") <input type="checkbox"/> 25mm Ø (1") <input type="checkbox"/> Others _____				

REASON FOR REQUEST

Repositioning/Transfer of Water Meter	Reconnection of Water Service	Stolen/Defective
<input type="checkbox"/> Experienced low pressure in old location <input type="checkbox"/> Experienced No Water in old location <input type="checkbox"/> Newly Turned-over DCWD mainline near residence <input type="checkbox"/> Obstruction to Property Development <input type="checkbox"/> Others : _____	<input type="checkbox"/> Disconnected meter due to delinquency /non payment <input type="checkbox"/> Newly purchased / assumed property <input type="checkbox"/> With previous disconnection request due to temporarily vacated	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damage (stuck, burned, broken, etc.)

MATERIALS MONITORING

(Check the necessary materials)

ITEM DESCRIPTION	Size	Quantity	ITEM DESCRIPTION	Size	Quantity
<input type="checkbox"/> G.I. Bushing ¾ <input type="checkbox"/> G.I. Cross Tee ½ <input type="checkbox"/> G.I. Cross Tee ¾ <input type="checkbox"/> G.I. Tee ½ <input type="checkbox"/> G.I. Tee ¾ <input type="checkbox"/> G.I. Elbow ½ <input type="checkbox"/> G.I. Elbow ¾ <input type="checkbox"/> G.I. Nipple ½ <input type="checkbox"/> G.I. Nipple ¾ x 6" <input type="checkbox"/> G.I. Nipple ¾ x 12" <input type="checkbox"/> G.I. Coupling ¾ <input type="checkbox"/> G.I. Coupling ½			<input type="checkbox"/> G.I. Street Elbow ½ <input type="checkbox"/> G.I. Street Elbow ¾ <input type="checkbox"/> Ceelon Tape <input type="checkbox"/> Saddle Clamp <input type="checkbox"/> Corporation Stop <input type="checkbox"/> Brass Tee <input type="checkbox"/> Copper to G.I. <input type="checkbox"/> Straight Meter Valve <input type="checkbox"/> PE Pipe <input type="checkbox"/> Casing Others : _____		

COMPLAINT / S

Types of Complaint	Meter Status	Meter Components	Piping Condition	Supply Condition
<input type="checkbox"/> High Consumption <input type="checkbox"/> Low Consumption <input type="checkbox"/> Meter Status <input type="checkbox"/> Others : _____	<input type="checkbox"/> Normal <input type="checkbox"/> Inclined <input type="checkbox"/> Stuck-Up <input type="checkbox"/> Tampered	<input type="checkbox"/> Upstream Tailpiece <input type="checkbox"/> Downstream Tailpiece <input type="checkbox"/> Lead Seal <input type="checkbox"/> Lid Cover <input type="checkbox"/> Regulator Cap	<input type="checkbox"/> Stop Cock <input type="checkbox"/> Exposed <input type="checkbox"/> Burried <input type="checkbox"/> Gate Valve <input type="checkbox"/> Check Valve	<input type="checkbox"/> Continuous Supply <input type="checkbox"/> Intermittent Supply _____ approx. hours of water

Customer Piping System Design

FINDINGS / REMARK/S

<input type="checkbox"/> With Cistern / Tank <input type="checkbox"/> No Cistern / Tank	
Leak Test (for Hi-Con only) <input type="checkbox"/> No Leak <input type="checkbox"/> With Leak : <input type="radio"/> Exposed <input type="radio"/> Hidden <input type="checkbox"/> w/Leak Repaired / Repiped	

WATER METER VERIFICATION (if necessary)

Test	Time	Ambient	Relative Humidity	Reference Standard Code	ID Code					
	HH ; MM	°C	%							
Started				<input type="checkbox"/> Calibrating Bucket <input type="checkbox"/> Portable Meter test						
Finished										
Testing Flow rate	Test Volume	Time	Flow rate	Water Temp	Pressure	Reading		Volume Registered	Relative Error	Remarks
	Li	sec	li/hr	°C	psi	Final	Initial			
						Li	Li	Li	%	

Recommendation

Retain Meter Meter Lab. Testing Arrange Meter Elevate Meter Transfer Meter Change Meter Others _____

Submitted by :

Conformed by :

INVESTIGATOR

(Signature over Printed Name)

CUSTOMER

(Signature over Printed Name)

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