

# MONROEVILLE WATER AUTHORITY WATER SYSTEM COMPLAINT

Distribution O & M

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

- COMPLAINT:**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> TASTE           | <input type="checkbox"/> TURBIDITY (DISCOLORED WATER) | <input type="checkbox"/> LOW PRESSURE  |
| <input type="checkbox"/> ODOR            | <input type="checkbox"/> YARD REPAIR                  | <input type="checkbox"/> HIGH PRESSURE |
| <input type="checkbox"/> COLOR           | <input type="checkbox"/> NOISE                        | <input type="checkbox"/> EMPLOYEE      |
| <input type="checkbox"/> HYDRANT LEAKING | <input type="checkbox"/> NO WATER                     | <input type="checkbox"/> LEAK          |
|  | <input type="checkbox"/> HIGH CONSUMPTION             | <input type="checkbox"/> OTHER: _____  |

DISPOSITION:  RADIO DISPATCH  FOREMAN  OTHER

- INVESTIGATION:**
- Check Cause and Explain Below:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> EMERGENCY     | <input type="checkbox"/> METER-SCREEN PLUGGED | <input type="checkbox"/> CUSTOMER LINE BROKEN   |
| <input type="checkbox"/> WATER BREAK   | <input type="checkbox"/> DEAD-END MAIN        | <input type="checkbox"/> TOILET LEAK'S          |
| <input type="checkbox"/> POWER FAILURE | <input type="checkbox"/> WATER SURGES         | <input type="checkbox"/> OTHER LEAKS            |
|  | <input type="checkbox"/> REGULATOR FAILED     | <input type="checkbox"/> OTHER: "Explain Below" |

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- CORRECTION:**
- |  |  |
|--|--|
| <input type="checkbox"/> NO ACTION REQ'D.    | <input type="checkbox"/> UNDER INVESTIGATION   |
| <input type="checkbox"/> CONTROLS REPAIRED   | <input type="checkbox"/> PLANNED SHUTDOWN      |
| <input type="checkbox"/> CUSTOMER TO CORRECT | <input type="checkbox"/> CUSTOMER NOT NOTIFIED |
| <input type="checkbox"/> MAIN FLUSHED        | <input type="checkbox"/> OTHER _____           |

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INVESTIGATORS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NO. 4626**

**RADIO DISPATCH**