



CAGAYAN DE ORO CITY WATER DISTRICT
DAILY ACCOMPLISHMENT REPORT
LEAKAGE REPAIR

DAR No.: _____

Water Accessibility - Our Priority!

Job Order No.: _____
 Location: _____
 DMA: _____
 Contractor: _____

Date Reported: _____
 Date Issued: _____
 Date Started: _____ Time: _____
 Date Finished: _____ Tme: _____

TYPE OF LEAK REPAIR WORKS

Mainline Repair	Service Connection Repair
Size of Mainline: _____ Make : _____ Nature of Leak: <input type="checkbox"/> Pinhole / Point Repair <input type="checkbox"/> Using Blank Saddle <input type="checkbox"/> Using Split Sleeve <input type="checkbox"/> Using Repair Clamp <input type="checkbox"/> Leak From Joint <input type="checkbox"/> Longitudinal Crack <input type="checkbox"/> Corrosion Holes / Rusting <input type="checkbox"/> Leak From Flange <input type="checkbox"/> Transverse Crack <input type="checkbox"/> Pipe Cut <div style="display: flex; justify-content: space-around;"> <u>On Roadway</u> <u>On Sidewalk</u> </div> Length Replaced: _____ lm Depth of Mainline: _____ m	Size of SC: _____ Make : _____ Nature of Leak: <input type="checkbox"/> Service Connection Line <input type="checkbox"/> Longitudinal Crack <input type="checkbox"/> Transverse Crack <input type="checkbox"/> Pipe Cut <input type="checkbox"/> Service Connection Line <input type="checkbox"/> Saddle Clamp <input type="checkbox"/> Corporation Stop <input type="checkbox"/> B.I. Coupling <input type="checkbox"/> Control Valve <input type="checkbox"/> Reflared <input type="checkbox"/> Gasket <input type="checkbox"/> Meter Coupling <input type="checkbox"/> Standpipe <input type="checkbox"/> Other Remarks <input type="checkbox"/> Under Soft Ground <input type="checkbox"/> Under Concrete <input type="checkbox"/> Exposed pipe <input type="checkbox"/> Under Asphalt <input type="checkbox"/> Damaged by Contractor <input type="checkbox"/> Valve Meter Area <input type="checkbox"/> Cluster Line <input type="checkbox"/> Stub-out <input type="checkbox"/> Restoration <input type="checkbox"/> Damaged by COWD Installation Specify : _____
Length Replaced: _____ lm Depth of Mainline: _____ m	Length Replaced: _____ lm Depth of Mainline: _____ m

MATERIALS USED

Materials Used During Repair:

Materials	Size	Qty	Materials	Size	Qty

JOB ACTED BY:

Name and Signature:

1 _____

2 _____

3 _____

4 _____

5 _____

Conformed : _____

Signature/Date

MAP

Prepared by: _____	Checked by: _____	Noted by: _____	GIS Updated by: _____
Team Leader/Leadman	Supervisor	Division Manager	GIS Staff



Water Accessibility - Our Priority!

CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT

JOB ORDER REQUEST
LEAKAGE REPAIR & SERVICE CONNECTION REHABILITATION

J.O. No. _____ Date _____
 Complaint/Nature of Job _____ Recvd by _____
 Name _____ Acct # _____
 Location _____

MATERIALS NEEDED									
Material	Size	Qty	Unit	Reference	Material	Size	Qty	Unit	Reference

Prepared by	Requested by	Recommending Approval	Approved by
			EDGARDO D. TUVILLA
NRW Staff	Team Leader/Leadman	Division Manager	Department Manager

FM-MNT-02

00

XX-XX-XXXX



Water Accessibility - Our Priority!

CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT

JOB ORDER REQUEST
LEAKAGE REPAIR & SERVICE CONNECTION REHABILITATION

J.O. No. _____ Date _____
 Complaint/Nature of Job _____ Recvd by _____
 Name _____ Acct # _____
 Location _____

MATERIALS NEEDED									
Material	Size	Qty	Unit	Reference	Material	Size	Qty	Unit	Reference

Prepared by	Requested by	Recommending Approval	Approved by
			EDGARDO D. TUVILLA
NRW Staff	Team Leader/Leadman	Division Manager	Department Manager

FM-MNT-02

00

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
PIPELINE LEAKAGE CONTROL DIVISION

ADVICE SLIP
LEAKAGE COMPLAINTS

J.O NO. : _____ DATE: _____
 NAME : _____ TIME: _____
 LOCATION: _____

- FINDINGS:**
- For Leak Detection
 - Under Concrete Pavement
 - Inside Private property(_____)
 - Inside Private Property (Under Negotiation)
 - Schedule Repair
 - Excavation Permits
 - Press Release
 - No fittings
 - No Equipments,Device,Vehicle& Others
 - OTHERS SPICIFY: _____

- FORWARDED:**
- Leakage Team
 - S.C Rehab
 - Metering
 - Engineering
 - Transmission & Appurtunance

REMARKS : _____

PREPARED BY: _____ RECEIVED BY: _____
 Team Leader CONCESSIONARE/DATE
 FM-MNT-03 00 XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
PIPELINE LEAKAGE CONTROL DIVISION

ADVICE SLIP
LEAKAGE COMPLAINTS

J.O NO. : _____ DATE: _____
 NAME : _____ TIME: _____
 LOCATION: _____

- FINDINGS:**
- For Leak Detection
 - Under Concrete Pavement
 - Inside Private property(_____)
 - Inside Private Property (Under Negotiation)
 - Schedule Repair
 - Excavation Permits
 - Press Release
 - No fittings
 - No Equipments,Device,Vehicle& Others
 - OTHERS SPICIFY: _____

- FORWARDED:**
- Leakage Team
 - S.C Rehab
 - Metering
 - Engineering
 - Transmission & Appurtunance

REMARKS : _____

PREPARED BY: _____ RECEIVED BY: _____
 Team Leader CONCESSIONARE/DATE
 FM-MNT-03 00 XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
PIPELINE LEAKAGE CONTROL DIVISION

ADVICE SLIP
LEAKAGE COMPLAINTS

J.O NO. : _____ DATE: _____
 NAME : _____ TIME: _____
 LOCATION: _____

- FINDINGS:**
- For Leak Detection
 - Under Concrete Pavement
 - Inside Private property(_____)
 - Inside Private Property (Under Negotiation)
 - Schedule Repair
 - Excavation Permits
 - Press Release
 - No fittings
 - No Equipments,Device,Vehicle& Others
 - OTHERS SPICIFY: _____

- FORWARDED:**
- Leakage Team
 - S.C Rehab
 - Metering
 - Engineering
 - Transmission & Appurtunance

REMARKS : _____

PREPARED BY: _____ RECEIVED BY: _____
 Team Leader CONCESSIONARE/DATE
 FM-MNT-03 00 XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
PIPELINE LEAKAGE CONTROL DIVISION

ADVICE SLIP
LEAKAGE COMPLAINTS

J.O NO. : _____ DATE: _____
 NAME : _____ TIME: _____
 LOCATION: _____

- FINDINGS:**
- For Leak Detection
 - Under Concrete Pavement
 - Inside Private property(_____)
 - Inside Private Property (Under Negotiation)
 - Schedule Repair
 - Excavation Permits
 - Press Release
 - No fittings
 - No Equipments,Device,Vehicle& Others
 - OTHERS SPICIFY: _____

- FORWARDED:**
- Leakage Team
 - S.C Rehab
 - Metering
 - Engineering
 - Transmission & Appurtunance

REMARKS : _____

PREPARED BY: _____ RECEIVED BY: _____
 Team Leader CONCESSIONARE/DATE
 FM-MNT-03 00 XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
 Maintenance Department
LEAKAGE CONTROL DIVISION

MAINLINE LEAKAGE REPAIR RESPONSE TIME SUMMARY EAST
 'For the month of :

MAINLINE LEAKAGE REPAIR (NORMAL)													
Quarter	Description	Date Reported	Job Order No.	Date JO Received from CCSD	REPAIR DURATION		PIPE DATA		Repair Response Time	Nature of Damaged	No. of JO's Received	W/ Database	Remarks
					Start	Finish	Depth	Reference Point	Actual/Hrs.				
	2021												
1)													
	Average Repair Response Time, Hours												
Remark :													
Recommendation :													

Prepared & Submitted by :

Noted by :

NELSIE M. SALCEDO
 Sr. Water/Sewerage Maint. Man A

 Department Manager



CAGAYAN DE ORO CITY WATER DISTRICT
 MAINTENANCE DEPARTMENT
 PIPELINE & LEAKAGE CONTROL DIVISION

**SUMMARY OF SERVICE CONNECTION LEAKAGE REPAIR JOBS - EAST
 MARCH 2021**

	LOCATION	TYPE OF REPAIR																			GRAND TOTAL	TOTAL REPAIRED	RANK (repaired)					
		AM	CA	CONS	DRAIN	DUP	ENGG	FC	ML	NF	NL	OTHERS	PROD	REF	REP	RESTO	RP	SC	SO	V-M								
1	AGUSAN																											
2	BALOY																											
3	BUGO																											
4	CAMAMAN-AN																											
5	CONSOLACION																											
6	CUGMAN																											
7	GUSA																											
8	LAPASAN																											
9	MACABALAN																											
10	MACASANDIG																											
11	NAZARETH																											
12	POBLACION																											
13	PUERTO																											
14	PUNTOD																											
15	TABLON																											
16	TAGOLOAN																											
	TOTAL																											

Prepared & Submitted by:

Noted by:

Sr. Water/Sewerage Maint. Man A

Acting Mgr., Maintenance & NRW Management Dept.



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER DISTRIBUTION DIVISION
APPURTENANCE MAINTENANCE UNIT**

JOB ORDER REQUEST

PROPOSED /REHABILITATION OF ISOLATION VALVE, BOV AND FH

DATE: _____

JOB ORDER NO. : _____
REFERENCE : _____

PROJECT NAME : _____
LOCATION : _____
CHARGE TO : EXPENSE CAPEX

MATERIALS NEEDED :

Materials	Size	Qty	Unit	Materials	Size	Qty	Unit

REMARKS: _____

PREPARED BY: _____ CHECKED BY: _____ APPROVED: _____
Team Leader/Leadman Division Manager Department Manager
FM-MNT-07 00 XX-XX-XXXX



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER DISTRIBUTION DIVISION
APPURTENANCE MAINTENANCE UNIT**

JOB ORDER REQUEST

PROPOSED /REHABILITATION OF ISOLATION VALVE, BOV AND FH

DATE: _____

JOB ORDER NO. : _____
REFERENCE : _____

PROJECT NAME : _____
LOCATION : _____
CHARGE TO : EXPENSE CAPEX

MATERIALS NEEDED :

Materials	Size	Qty	Unit	Materials	Size	Qty	Unit

REMARKS: _____

PREPARED BY: _____ CHECKED BY: _____ APPROVED: _____
Team Leader/Leadman Division Manager Department Manager
FM-MNT-07 00 XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT

MAINTENANCE DEPARTMENT
WATER DISTRIBUTION DIVISION
Appurtenances Maintenance Unit

DAILY ACCOMPLISHMENT REPORT

JOB ORDER NO. (year/month/#)		DATE & TIME ACCOMPLISHED:	
DATE		STARTED	
LOCATION		FINISHED	

ACTUAL MATERIALS USED							
Materials	Size	Qty	Reference	Materials	Size	Qty	Reference

ACTUAL JOB PERFORMED	Size	JOB ACTED BY: (Name & Signature)	SCORE	SCORING:	
Retrieve/Install Isolation Valve	<input type="checkbox"/>	1. _____	_____	Outstanding	5
Clean/Replace Air Release Valves	<input type="checkbox"/>	2. _____	_____	Very Satisfactory	4
Re-painted exposed pipelines (pre-identified)	<input type="checkbox"/>	3. _____	_____	Satisfactory	3
Re-painted / cleaned FIRE HYDRANTS	<input type="checkbox"/>	4. _____	_____	Unsatisfactory	2
Re-painted / cleaned MSO	<input type="checkbox"/>	5. _____	_____	Poor	1
Rehabilitated FH/BOV (10 units -annual)	<input type="checkbox"/>	6. _____	_____	Rated / Supervision by:	
Rehabilitated Transmission/ Distribution Mains @ least 3 sites	<input type="checkbox"/>	7. _____	_____	_____ Name & Signature	
Demolition & Restoration	<input type="checkbox"/>	8. _____	_____		
Others:	<input type="checkbox"/>	9. _____	_____		

SKETCH PLAN:

Submitted by:	Checked by:	Noted by:
Team Leader/Leadman	Supervisor	Division Manager



CAGAYAN DE ORO CITY WATER DISTRICT

Cagayan de Oro City

MAINTENANCE DEPARTMENT

SERVICE AREA: EAST WEST

PR COPY

REQUEST FOR A PRESS RELEASE

CONTROL NO. : _____
DATE PREPARED : _____

PURPOSE/PROJECT TITLE : _____

PROJECT OF (DEPT.) : _____
PROJECT LOCATION : _____
AREAS AFFECTED : _____

DATE FOR PRESS RELEASE : _____ TIME: _____

PREPARED BY:

APPROVED BY:

Maint. Staff

AGM-Designate for Operations

NOTED BY:

Department Manager

FM-MNT-09 00 XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT

Cagayan de Oro City

MAINTENANCE DEPARTMENT

SERVICE AREA: EAST WEST

PRODUCTION COPY

REQUEST FOR A PRESS RELEASE

CONTROL NO. : _____
DATE PREPARED : _____

PURPOSE/PROJECT TITLE : _____

PROJECT OF (DEPT.) : _____
PROJECT LOCATION : _____
AREAS AFFECTED : _____

DATE FOR PRESS RELEASE : _____ TIME: _____

PREPARED BY:

APPROVED BY:

Maint. Staff

AGM-Designate for Operations

NOTED BY:

Department Manager

FM-MNT-09 00 XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER DISTRIBUTION DIVISION

DAILY ACCOMPLISHMENT REPORT FOR VALVE OPERATION

						DATE:		
						TIME:		
TYPE OF REQUEST: <input type="checkbox"/> SCHEDULED						Regular Time		
						Night shift		
NO.	NAME	SIGNATURE	SCORE	SCORING	SCOPE OF WORK/ACTIVITIES		REMARKS	
1								
2								
3								
4								
5								
6								
7								
Prepared by:			Checked by:			Noted:		
TEAM LEADER/LEADMAN			SUPERVISOR			DIVISION MANAGER		

FM-MNT-11

00

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER DISTRIBUTION DIVISION

DAILY ACCOMPLISHMENT REPORT FOR VALVE OPERATION

						DATE:		
						TIME:		
TYPE OF REQUEST: <input type="checkbox"/> SCHEDULED						Regular Time		
						Night shift		
NO.	NAME	SIGNATURE	SCORE	SCORING	SCOPE OF WORK/ACTIVITIES		REMARKS	
1								
2								
3								
4								
5								
6								
7								
Prepared by:			Checked by:			Noted:		
TEAM LEADER/LEADMAN			SUPERVISOR			DIVISION MANAGER		

FM-MNT-11

00

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER DISTRIBUTION DIVISION
VALVE OPERATION TEAM

DAILY ACCOMPLISHMENT REPORT

VALVE EXERCISE / OPERATION

DATE:

NO.	LOCATION		SIZE OF VALVE	KIND OF VALVE	ACTUAL NO. OF TURNS	STATUS OF VALVE			REMARKS
	ADDRESS	BARANGAY				OPEN	CLOSE	THROTTLE	

JOB ACTED BY: (Name & Signature)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

Prepared by:

 Team Leader/Leadman

Checked by:

 Division Manager

FM-MNT-12

00

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER DISTRIBUTION DIVISION
VALVE OPERATION TEAM

DAILY ACCOMPLISHMENT REPORT

VALVE EXERCISE / OPERATION

DATE:

NO.	LOCATION		SIZE OF VALVE	KIND OF VALVE	ACTUAL NO. OF TURNS	STATUS OF VALVE			REMARKS
	ADDRESS	BARANGAY				OPEN	CLOSE	THROTTLE	

JOB ACTED BY: (Name & Signature)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____

Prepared by:

 Team Leader/Leadman

Checked by:

 Division Manager

FM-MNT-12

00

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT

Maintenance Department

Kauswagan, Cagayan de Oro City

PRESSURE MONITORING DATA

_____ SERVICE AREA

For the Month of _____ 20__

AVERAGE in mH₂O

NO.	BARANGAY	LOCATION	PRESSURE (mH ₂ O)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			

LEGEND: 0 - 3 mH₂O

 4 - 7 mH₂O

 8 mH₂O ABOVE

Prepared by:

Checked by:

Division Manager

Noted:

Department Manager



Water Accessibility - Our Priority!

CAGAYAN DE ORO CITY WATER DISTRICT
Maintenance Department
REHABILITATION & RESTORATION DIVISION

ADVICE SLIP
NO WATER / LOW PRESSURE COMPLAINTS

J.O. NO. : _____
NAME : _____
LOCATION : _____

DATE : _____
TIME : _____

FINDINGS

<input type="checkbox"/>	<i>Clogged up Service Connection</i>	_____
<input type="checkbox"/>	<i>Control Valve</i>	_____
<input type="checkbox"/>	<i>Low Pressure</i>	_____
<input type="checkbox"/>	<i>No Water</i>	_____
<input type="checkbox"/>	<i>Service Connection Leakage</i>	_____
<input type="checkbox"/>	<i>Stub-out Low Pressure</i>	_____
<input type="checkbox"/>	<i>Stub-out No Water</i>	_____
<input type="checkbox"/>	<i>Realign Service Connection</i>	_____

REMARKS: _____

JOB ACTED BY:

TEAM LEADER/LEADMAN

RECEIVED BY:

NAME OF CONCESSIONAIRE / DATE

FM-MNT-14

00

XX-XX-XXXX



Water Accessibility - Our Priority!

CAGAYAN DE ORO CITY WATER DISTRICT
Maintenance Department
REHABILITATION & RESTORATION DIVISION

ADVICE SLIP
NO WATER / LOW PRESSURE COMPLAINTS

J.O. NO. : _____
NAME : _____
LOCATION : _____

DATE : _____
TIME : _____

FINDINGS

<input type="checkbox"/>	<i>Clogged up Service Connection</i>	_____
<input type="checkbox"/>	<i>Control Valve</i>	_____
<input type="checkbox"/>	<i>Low Pressure</i>	_____
<input type="checkbox"/>	<i>No Water</i>	_____
<input type="checkbox"/>	<i>Service Connection Leakage</i>	_____
<input type="checkbox"/>	<i>Stub-out Low Pressure</i>	_____
<input type="checkbox"/>	<i>Stub-out No Water</i>	_____
<input type="checkbox"/>	<i>Realign Service Connection</i>	_____

REMARKS: _____

JOB ACTED BY:

TEAM LEADER/LEADMAN

RECEIVED BY:

NAME OF CONCESSIONAIRE / DATE

FM-MNT-14

00

XX-XX-XXXX



Water Accessibility - Our Priority!

CAGAYAN DE ORO CITY WATER DISTRICT
Maintenance Department

REQUEST FORM FOR EXCAVATION PERMIT/RESTORATION

Date of Request : _____

For : Engineering Department

Type of Request : *Excavation Permit*

Restoration

Rough Road

Concrete Road

Location : _____

Requested by : _____
Department Manager

Purpose : _____

Sketch : _____



CAGAYAN DE ORO CITY WATER DISTRICT

Maintenance Department

JOB ORDER ACCOMPLISHMENT REPORT

NO WATER COMPLAINT

Water Accessibility - Our Priority!

J.O. No. _____
 Date _____
 Location _____

DATE & TIME ACTED			
START			
FINISH			
	On OT		On regular time

ACTUAL MATERIAL USED							
Material	Size	Qty.	Reference	Material	Size	Qty.	Reference

REASONS FOR NO WATER

CLOGGED UP SERVICE CONNECTION

- AFTER THE METER
- SERVICE LINE
- DIRTY WATER

CONTROL VALVE

- CLOSED
- DEFECTIVE
- NOT FULLY OPEN

LOW PRESSURE

- 24 HOURS
- ADJUSTMENT OF VALVE
- AFTER THE METER
- BEND / EMBEDDED SERV. CONN.
- DAYTIME
- ELEVATED AREA
- HIT BY CONTRACTOR
- OLD / OVERLOADED SERV. CONN.
- PEAK HOUR

OTHERS _____

NO WATER

- 24 HOURS
- ADJUSTMENT OF VALVE
- AFTER THE METER
- BEND / EMBEDDED SERVICE CONNECTION
- DAYTIME
- ELEVATED AREA
- HIT BY CONTRACTOR
- OLD / OVERLOADED SERVICE CONNECTION
- PEAK HOUR

SERVICE CONNECTION LEAKAGE

- AFTER THE METER
- BEFORE THE METER

STUB - OUT LOW PRESSURE

- 24 HOURS
- DAYTIME
- PEAK HOUR

STUB - OUT NO WATER

- 24 HOURS
- DAYTIME
- PEAKHOUR
- DUPLICATED J.O.
- NOT FOUND
- REALIGNMENT OF S.C.
- TRANSFER TO S.O./MAINLINE
- SUBCONNECT TO S.C.
- NOBODY'S HOME

AFFECTED PARTIES

Name of Concessionaire	Account Number	Distance	Size	CONFORME	REMARKS

REMARKS

Pressure @ nearest FH/IV/SO _____
 Flow @ nearest FH/IV/SO _____
 Number of inter - connections _____
 Distance of SC from tapping point _____
 Pressure @ Service Connection _____
 Flow @ Service Connection _____
 Others _____

Pressure & Flow @ nearest Service Connection		
Name of Concessionaire/Mtr. #	Pressure	Flow
OTHER INFORMATION		
Since when Prob. Started		
Time of NW / LP		

JOB ACTED		Accomplishment Reported by	
Name & Signature	Name & Signature	SUPERVISION	
TOTAL POINTS EARNED			
Submitted by	Recommending Approval	Approved by	
Team Leader	Supervisor	Division Manager	



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT**

WATER LOSS CONTROL DIVISION

**ADVICE SLIP
METER TEST**

J.O. NO. : _____
NAME : _____
LOCATION : _____

DATE : _____
TIME : _____

FINDINGS

- Angle valve has padlock* _____
- Buried water meter, needs to elevate/transfer outside property* _____
- House/meter location not found* _____
- Job Order was already accomplished (pls. refer to previous job order)* _____
- Meter hard to pull-out, fixed connection before and after the meter* _____
- Meter is inside property, needs to transfer outside* _____
- Meter is located inside property. No people around/nobody's home* _____
- Meter was embed in concrete, for schedule to elevate the meter first* _____
- Meter was inside steel grills/padlock* _____
- No proper sketch* _____
- No available portable equipment for testing of big meters* _____
- No water during accuracy test* _____
- No water meter available as of to date* _____
- Stuck-up water meter, needs to change* _____
- Vacant house, no occupant* _____

REMARKS: _____

JOB ACTED BY:

RECEIVED BY:

TEAM LEADER/LEADMAN

NAME OF CONCESSIONAIRE / DATE

FM-MNT-19

00

XX-XX-XXXX



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT**

WATER LOSS CONTROL DIVISION

**ADVICE SLIP
METER TEST**

J.O. NO. : _____
NAME : _____
LOCATION : _____

DATE : _____
TIME : _____

FINDINGS

- Angle valve has padlock* _____
- Buried water meter, needs to elevate/transfer outside property* _____
- House/meter location not found* _____
- Job Order was already accomplished (pls. refer to previous job order)* _____
- Meter hard to pull-out, fixed connection before and after the meter* _____
- Meter is inside property, needs to transfer outside* _____
- Meter is located inside property. No people around/nobody's home* _____
- Meter was embed in concrete, for schedule to elevate the meter first* _____
- Meter was inside steel grills/padlock* _____
- No proper sketch* _____
- No available portable equipment for testing of big meters* _____
- No water during accuracy test* _____
- No water meter available as of to date* _____
- Stuck-up water meter, needs to change* _____
- Vacant house, no occupant* _____

REMARKS: _____

JOB ACTED BY:

RECEIVED BY:

TEAM LEADER/LEADMAN

NAME OF CONCESSIONAIRE / DATE

FM-NRW-19

00

XX-XX-XXXX



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER LOSS CONTROL DIVISION**

**ADVICE SLIP
CHANGE METER**

J.O. NO. : _____
NAME : _____
LOCATION : _____

DATE : _____
TIME : _____

FINDINGS

<input type="checkbox"/>	Angle valve has padlock	_____
<input type="checkbox"/>	Buried water meter, needs to elevate/transfer outside property, for re-schedule	_____
<input type="checkbox"/>	House/meter location not found	_____
<input type="checkbox"/>	Job Order was already accomplished (pls. refer to previous job order)	_____
<input type="checkbox"/>	Meter hard to pull-out, fixed connection before and after the meter, for re-schedule	_____
<input type="checkbox"/>	Meter not stuck-up, not in-use, no occupant	_____
<input type="checkbox"/>	Meter was embed in concrete, for re-schedule	_____
<input type="checkbox"/>	Meter was inside steel grills/padlock	_____
<input type="checkbox"/>	Meter was repaired only	_____
<input type="checkbox"/>	No people around/nobody's home	_____
<input type="checkbox"/>	No proper sketch	_____
<input type="checkbox"/>	No water meter available as of to date	_____
<input type="checkbox"/>	Vacant house, no occupant	_____

REMARKS: _____

JOB ACTED BY:

RECEIVED BY:

TEAM LEADER/LEADMAN

NAME OF CONCESSIONAIRE / DATE

FM-MNT-20

00

XX-XX-XXXX



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER LOSS CONTROL DIVISION**

**ADVICE SLIP
CHANGE METER**

J.O. NO. : _____
NAME : _____
LOCATION : _____

DATE : _____
TIME : _____

FINDINGS

<input type="checkbox"/>	Angle valve has padlock	_____
<input type="checkbox"/>	Buried water meter, needs to elevate/transfer outside property, for re-schedule	_____
<input type="checkbox"/>	House/meter location not found	_____
<input type="checkbox"/>	Job Order was already accomplished (pls. refer to previous job order)	_____
<input type="checkbox"/>	Meter hard to pull-out, fixed connection before and after the meter, for re-schedule	_____
<input type="checkbox"/>	Meter not stuck-up, not in-use, no occupant	_____
<input type="checkbox"/>	Meter was embed in concrete, for re-schedule	_____
<input type="checkbox"/>	Meter was inside steel grills/padlock	_____
<input type="checkbox"/>	Meter was repaired only	_____
<input type="checkbox"/>	No people around/nobody's home	_____
<input type="checkbox"/>	No proper sketch	_____
<input type="checkbox"/>	No water meter available as of to date	_____
<input type="checkbox"/>	Vacant house, no occupant	_____

REMARKS: _____

JOB ACTED BY:

RECEIVED BY:

TEAM LEADER/LEADMAN

NAME OF CONCESSIONAIRE / DATE

FM-MNT-20

00

XX-XX-XXXX



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER LOSS CONTROL DIVISION**

**ADVICE SLIP
TRANSFER/ELEVATE METER - CONCESSIONAIRES' REQUEST**

J.O. NO. : _____
NAME : _____
LOCATION : _____

DATE : _____
TIME : _____

FINDINGS

- Angle valve has padlock
- Concessionaire requested for re-schedule due to personal matters
- House/meter location not found
- Job Order was already accomplished (pls. refer to previous job order)
- Meter was inside steel grills/padlock
- Meter was installed in stub-out & needs to be rehab
- Meter was transferred already
- No fittings after the meter from the concessionaire, for re-schedule
- No people around/nobody's home
- No proper sketch
- Request is not transfer meter but transfer tapping

REMARKS: _____

JOB ACTED BY:

RECEIVED BY:

TEAM LEADER/LEADMAN

NAME OF CONCESSIONAIRE / DATE

FM-MNT-21

00

XX-XX-XXXX



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER LOSS CONTROL DIVISION**

**ADVICE SLIP
TRANSFER/ELEVATE METER - CONCESSIONAIRES' REQUEST**

J.O. NO. : _____
NAME : _____
LOCATION : _____

DATE : _____
TIME : _____

FINDINGS

- Angle valve has padlock
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- No fittings after the meter from the concessionaire, for re-schedule
- No people around/nobody's home
- No proper sketch
- Request is not transfer meter but transfer tapping

REMARKS: _____

JOB ACTED BY:

RECEIVED BY:

TEAM LEADER/LEADMAN

NAME OF CONCESSIONAIRE / DATE

FM-MNT-21

00

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
Accomplishment Report for Meter Accuracy Test 2021

TEST SHEET NO.	
METER SIZE	
TEST DATE	

NUMBER	METER MAKE	SERIAL NUMBER TOTALIZER	YEAR INSTALLED	AGE	SEAL (BROKEN/ INTACT)	PERMISSIBLE ERROR	+ / - 2 %	+ / - 2 %	+ / - 2 %	+ / - 5%	REMARKS
						FLOW RATE (L/H)	Qmax	Qn	Qt	Qmin	
							L/H	L/H	L/H	L/H	
							TEST VOLUME (L)	100	100	10	
1				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
2				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
3				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
4				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
5				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
6				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
7				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
8				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
9				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
10				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
11				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP
12				0.00		final					
						initial					
						%error	-100.0%	-100.0%	-100.0%	-100.0%	STUCK-UP

PREPARED BY:

CHECKED BY :

NOTED BY :

NRW - STAFF

SUPERVISOR/MANAGER

DEPARTMENT MANAGER

FM-MNT-22

00

XX-XX-XXXX



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
Water Loss Control Division**

**SUMMARY OF DEFECTIVE WATER METERS
TURNED-OVER TO PROPERTY SECTION**

For the Month of : MONTH YEAR

TYPE OF METER	SIZE	No. of pcs.
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
	Total	_____

Prepared and Submitted by:

Checked by:

Division Manager

Noted by:

Department Manager

Received by :

Date & time :



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
COMMERCIAL LOSS CONTROL SECTION**

SERVICE AREA

SUMMARY OF OLD WATER METER WITHDRAWALS, RELEASES AND BALANCES

DATE	Fom discon. & mtrng	BEG BAL	RELEASES TO ENGINEERING-NEW INSTALLATION						Sub- total	RELEASES TO RECONN			Sub- total	RELEASES TO METERING							sub- total	TOTAL RELEASES	END BAL				



CAGAYAN DE ORO CITY WATER DISTRICT

GATEPASS (METERING)

DATE _____

CONTROL NO. _____

TO: Security Guard,

Please allow Mr./Ms. _____
to bring outside the following Water Meter/s and materials:

Received by:

Issued by:

FM-MNT-26

00

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT

GATEPASS (METERING)

DATE _____

CONTROL NO. _____

TO: Security Guard,

Please allow Mr./Ms. _____
to bring outside the following Water Meter/s and materials:

Received by:

Issued by:

FM-MNT-26

00

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT

GATEPASS (METERING)

DATE _____

CONTROL NO. _____

TO: Security Guard,

Please allow Mr./Ms. _____
to bring outside the following Water Meter/s and materials:

Received by:

Issued by:

FM-MNT-26

00

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT

GATEPASS (METERING)

DATE _____

CONTROL NO. _____

TO: Security Guard,

Please allow Mr./Ms. _____
to bring outside the following Water Meter/s and materials:

Received by:

Issued by:

FM-MNT-26

00

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
Kauswagan, Cagayan de Oro City

MAINTENANCE DEPARTMENT

TRANSFER METER SUMMARY OF CONCESSIONAIRES' REQUEST FOR THE MONTH OF _____ (EM/TM)

NO	NAME	ACCOUNT NO.	AREA	ADDRESS	JO NO.		COMPLAINT	Reasons for TM/EM	ACTUAL JOB DONE	DATE RECEIVED	DATE ACCOMP	RES. TIME	STATUS	METER NUMBER	RDG.	BRAND	REMARKS	TEAM	
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Prepared by :

Checked by:

Noted by:

Water Maint. General Foreman
 FM-MNT-29

Division Manager

00

Department Manager

XX-XX-XXXX



CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
 KAUSWAGAN CAGAYAN DE ORO CITY
WATER LOSS CONTROL DIVISION

MONTHLY ACCOMPLISHMENT REPORT ON FIX CUTTING AND APPREHENDED ILLEGAL REPORTS

ACCOMPLISHMENT ON FIX CUTTING AND APPREHENDED ILLEGAL REPORT

SERVICE AREA

DATE ACCOMPLISHED :

NO.	JOB ORDER No.	NAME OF CONCESSIONAIRE	ACCOUNT No.	ADDRESS	CUT-OFF DATE	NATURE	DATE			RESPONSE TIME	INSPECTION REPORT	ACTION TAKEN	REMARKS	MATERIALS RETRIEVED	MATERIAL USED	WATER METER SERIAL NO.	BRAND	READING	SIZE	STATUS	
							CCSD	NRW Management Department													
							RECEIVED	RECEIVED	ACTED												

YEAR OF CUT OFF	NUMBER OF JO'S	FIXED CUT	RECONNECTED/ACTIVE
TOTAL	0	0	0

MATERIAL USED	QUANTITY
PLASTIC END CAP CTS 25mm	
G.I. PLUG 20mm	
P TO P CTS 25mm	
REP. PC. CTS 25mm	
G.I. BUSHING 25mmx20mm	
PLASTIC COUPLING 25mm	
G.I. PLUG 25mm	
PLASTIC END CAP CTS 20mm	
TEFLON TAPE 25mm	

Prepared by:

 Instrument Technician B.

FM-MNT-30

Checked by:

 Division Manager

00

Noted by:

 Department Manager

XX-XX-XXXX



**CAGAYAN DE ORO CITY WATER DISTRICT
 MAINTENANCE DEPARTMENT
 WATER LOSS CONTROL DIVISION**
 Daily Accomplishment Report on Meter test

CSSD DATA							METERING DATA								
J.O. No.	DATE	CONCESSIONAIRE	ADDRESS	AREA	NATURE OF COMPLAINT	Account No.	Brand	Size	Serial No.	Reading	Date Received	Date Accmp.	RESPONSE TIME IN DAYS	REMARKS	Accomplished by
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

Prepared by :

Checked by :

Noted by :

 NRW Staff

 Division Manager

 Department Manager

Received by :

Date & time

FM-MNT-32

00

XX-XX-XXXX

Republic of the Philippines

CAGAYAN DE ORO CITY WATER DISTRICT

Office of the General Manager

Cagayan de Oro City

1981

East

Water Meter Receipt

No. 196794

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY that my water service connection located at _____
_____ was on this _____ day of _____, 20 _____
installed with a water meter bearing Serial No. _____ Size _____, Make
_____ by duly authorized personnel of the Cagayan de Oro City Water District and
that; receipt thereof of same is hereby acknowledged.

I HEREBY AGREE to the location of the water meter installed in the premises house/building and that the
water meter (complete with top and glass cover, nipples with seal) installed herein is in good running condition.

I HEREBY CERTIFY further, that I am responsible for the damage and loss of said water meter, in accordance
with the Cagayan de Oro City Water District Rules and Regulations Section 6) to wit:

Maintenance of Services and Connection - The Service and connections extending from the water main to
the meter, and including the meter shall be maintained by the District. All pipes and fixtures extending from the
meter or lying beyond the meter shall be installed and maintained by the owner of the property.

And all other rules and regulations which shall be promulgated by the District relevant to the installation,
keeping and maintenance to the said meter and the copies of which rules and regulations furnished us in writing:

Done this _____ day of _____, 20 _____ at _____

(Signature of Customer)

FM-NRW-36 00 09-15-2017

(Name in Print)

NOTE:
Installed By: _____
Sealed By: _____
Initial Reading: _____
Noted by Meter Reader: _____
Verified By: _____

Acct. Bk. _____
Record Bk. No. _____
Carded By: _____
JO #: _____
SC #: _____

Remarks: _____

CAGAYAN DE ORO CITY WATER DISTRICT

Office of the General Manager
Cagayan de Oro City
1981

B No 202749

West

Water Meter Receipt

TO WHOM IT MAY CONCERN:

I HEREBY CERTIFY that my water service connection located at _____
_____ was on this _____ day of _____, 20 _____
installed with a water meter bearing Serial No. _____ Size _____, Make
_____ by duly authorized personnel of the Cagayan de Oro City Water District and
that receipt thereof of same is hereby acknowledged.

I HEREBY AGREE to the location of the water meter installed in the premises house/building and that the
water meter (complete with top and glass cover, nipples with seal) installed herein is in good running condition.

I HEREBY CERTIFY further, that I am responsible for the damage and loss of said water meter, in accordance
with the Cagayan de Oro City Water District Rules and Regulations Section 6) to wit:

Maintenance of Services and Connection - The Service and connections extending from the water main to
the meter, and including the meter shall be maintained by the District. All pipes and fixtures extending from the
meter or lying beyond the meter shall be installed and maintained by the owner of the property.

And all other rules and regulations which shall be promulgated by the District relevant to the installation,
keeping and maintenance to the said meter and the copies of which rules and regulations furnished us in writing:

Done this _____ day of _____, 20 _____ at _____

FM-NRW 36 00 09-15-2017

(Signature of Customer)

(Name in Print)

NOTE:

Installed By: _____

Sealed By: _____

Initial Reading: _____

Noted by Meter Reader: _____

Verified By: _____

Acct. Bk. _____

Record Bk. No. _____

Carded By: _____

JO #: _____

SC #: _____

Remarks: _____



**CAGAYAN DE ORO CITY WATER DISTRICT
MAINTENANCE DEPARTMENT
WATER LOSS CONTROL DIVISION**

**WATER METER ACCOUNTABILITY - REPLACEMENT OF STOLEN METER (SERVICE AREA)
For the Month of: MONTH YEAR**

WATER METER INSTALLATION										PULLED-OUT METER														
No. Of pcs.	Serial No.	Brand	Size	Meter Receipt	RDG	Date Installed	Account No.	Remarks from metering	Date received	Date acted	reponse time	Address	AREA	Name of Concessionaire	Brand	Size	Serial No.	Date 1st Installed	Age of meter (yrs)	Remarks from CSSD	REQ BY	Accomplished by	Remarks/stub out/cluster/single line	
1																								
2																								
3																								
4																								

Prepared by:

Checked by:

Noted by:

Senior Inst. Tech. B

Division Manager

Department Manager



CAGAYAN DE ORO CITY WATER DISTRICT GIS Facilities Survey Report

Accomplished by: _____

Sheet No: _____

Facility / Location Name: _____

Page ____ of ____

SKETCH:



CAGAYAN DE ORO CITY WATER DISTRICT GIS CUSTOMER CENSUS SURVEY REPORT

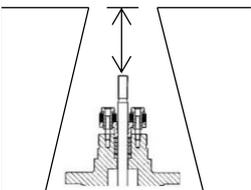
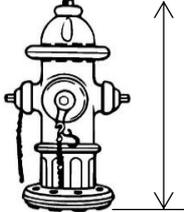
Water Accessibility - Our Priority!

Date of Survey:		Property:	<input type="checkbox"/> Owned <input type="checkbox"/> Rent
Data Reference No.:		Cluster/Stub-out No.:	
Customer Name:		Water Meter Number:	
Account Number:		Water Meter Reading:	
Address:	House No.:	Street:	
	Barangay:	City:	
Contact Details:	Tel. No.:	Name of Actual User:	
	Cell. No.:		
Assembly Type:		Readability:	Name of Establishment:
<input type="checkbox"/> Individual <input type="checkbox"/> Dual <input type="checkbox"/> Cluster Number of water meters: _____ <input type="checkbox"/> Stub-out Number of water meters: _____		<input type="checkbox"/> Good <input type="checkbox"/> Poor Sealed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Meter Size:		Orientation:	
<input type="checkbox"/> 13mm <input type="checkbox"/> 40mm <input type="checkbox"/> 15mm <input type="checkbox"/> 50mm <input type="checkbox"/> 20mm <input type="checkbox"/> 75mm <input type="checkbox"/> 25mm <input type="checkbox"/> Large meter: <input type="checkbox"/> 32mm Size: _____		<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Inclined by: _____ <input type="checkbox"/> Tilted by: _____	
Meter Brand:			
<input type="checkbox"/> Actaris <input type="checkbox"/> Far <input type="checkbox"/> Schlumberger <input type="checkbox"/> Anchor <input type="checkbox"/> Itron <input type="checkbox"/> TD88 <input type="checkbox"/> Aqua jet <input type="checkbox"/> Jet <input type="checkbox"/> Toyokeiki <input type="checkbox"/> Arad <input type="checkbox"/> Kent <input type="checkbox"/> YT <input type="checkbox"/> Asahi <input type="checkbox"/> Keumsung <input type="checkbox"/> Others <input type="checkbox"/> Asiam <input type="checkbox"/> Kumho Brand: _____ <input type="checkbox"/> E-jet <input type="checkbox"/> Liberty <input type="checkbox"/> Ever <input type="checkbox"/> Ningbo <input type="checkbox"/> Evjet <input type="checkbox"/> Powogaz			
Meter Location:			
<input type="checkbox"/> Inside the property <input type="checkbox"/> Outside the property			
Customer Type:			
1 <input type="checkbox"/> Residential 2 <input type="checkbox"/> Government 3 <input type="checkbox"/> Commercial 4 <input type="checkbox"/> Bulk 7 <input type="checkbox"/> Special Rate Residential 8 <input type="checkbox"/> Special Rate Government 9 <input type="checkbox"/> Special Rate Commercial <input type="checkbox"/> Others: _____			
Number of people in the household/office:			
With Receipt:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Source of Information:			
Service connection drawn on the image/map:			
<input type="checkbox"/> As seen in the field <input type="checkbox"/> Using the LOGICAL connection <input type="checkbox"/> Others: _____			
			Remarks:
			Surveyed by: _____



CAGAYAN DE ORO CITY WATER DISTRICT GIS Field Survey Report

Water Accessibility - Our Priority!

DATA REF No. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					DATE: _____									
STREET: _____					BARANGAY: _____					ZONE: _____				
COORDINATES FROM HANDHELD GPS LAT: _____										LONG: _____				
ASSET STATUS: <input type="checkbox"/> FOUND <input type="checkbox"/> MISSING														
ASSET	VALVE	HYDRANT	BLOWOFF	BULKMETER	PRV	AIRVALVE	FITTINGS	PIPE						
TYPE	<input type="checkbox"/> BUTTERFLY <input type="checkbox"/> GATE <input type="checkbox"/> CHECK <input type="checkbox"/> STOPCOCK <input type="checkbox"/> WHEEL <input type="checkbox"/> BALL <input type="checkbox"/> Others _____	<input type="checkbox"/> BARREL <input type="checkbox"/> SPRING <input type="checkbox"/> STANDPIPE <input type="checkbox"/> NO-HYDRANT HEAD <input type="checkbox"/> Others _____	<input type="checkbox"/> BLOWOFF <input type="checkbox"/> BOV <input type="checkbox"/> Others _____	<input type="checkbox"/> INSERTION <input type="checkbox"/> FULLBORE <input type="checkbox"/> ULTRASONIC <input type="checkbox"/> MECHANICAL <input type="checkbox"/> VENT <input type="checkbox"/> Others _____	<input type="checkbox"/> SINGLE <input type="checkbox"/> DUAL <input type="checkbox"/> FLOWMOD <input type="checkbox"/> PRESSUREMOD <input type="checkbox"/> Others _____	<input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> Others _____	<input type="checkbox"/> ENDCAP <input type="checkbox"/> TEE <input type="checkbox"/> REDUCER <input type="checkbox"/> PMP <input type="checkbox"/> Others _____	<input type="checkbox"/> HDPE <input type="checkbox"/> MDPE <input type="checkbox"/> PVC <input type="checkbox"/> ST <input type="checkbox"/> GS <input type="checkbox"/> CI <input type="checkbox"/> AC <input type="checkbox"/> DI <input type="checkbox"/> UNK <input type="checkbox"/> Others _____						
Size (mm)														
<input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 32 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 63 <input type="checkbox"/> 75 <input type="checkbox"/> 90 <input type="checkbox"/> 100 <input type="checkbox"/> 110 <input type="checkbox"/> 125 <input type="checkbox"/> 140 <input type="checkbox"/> 150 <input type="checkbox"/> 160 <input type="checkbox"/> 180 <input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 280 <input type="checkbox"/> 300 <input type="checkbox"/> 350 <input type="checkbox"/> 400 <input type="checkbox"/> Others: _____														
MANUFACTURER: _____					MODEL: _____					SERIAL NO: _____				
COVER TYPE: <input type="checkbox"/> SURFACE BOX <input type="checkbox"/> CONCRETE COVER <input type="checkbox"/> Others _____					COVER STATUS: <input type="checkbox"/> FOUND <input type="checkbox"/> MISSING									
VALVE SPINDLE DEPTH = _____					HYDRANT HEIGHT = _____					Asset verified with reference to:				
										<input type="checkbox"/> As-built <input type="checkbox"/> AutoCAD <input type="checkbox"/> Others : _____ <input type="checkbox"/> Asset not reflected on the documents/references mentioned above				
LOCATION SKETCH:														
_____ SURVEYED BY														



Republic of the Philippines
CAGAYAN DE ORO CITY WATER DISTRICT
Cagayan de Oro City

MAINTENANCE DEPARTMENT

NRW MONITORING OF DMAS FOR CY _____

WEST AREA

DMA	Jan-21				February 2021				March 2019				April 2021				
	No. of Active Accounts	NRW		Remarks / Interventions	NRW Management Performance Category	No. of Active Accounts	NRW		Remarks / Interventions	NRW Management Performance Category	No. of Active Accounts	NRW		Remarks / Interventions	NRW Management Performance Category	No. of Active Accounts	NRW
Silver Creek (Phase 2)		%	l/conn./day				%	l/conn./day				%	l/conn./day				%
Bellevue																	
Silver Creek (Phase 1)																	
Golden Village																	
SDA																	
Landfill																	

EAST AREA

DMA	January 2019				February 2019				March 2019				April 2019				
	No. of Active Accounts	NRW		marks / Interventions	NRW Management Performance Category	No. of Active Accounts	NRW		marks / Interventions	NRW Management Performance Category	No. of Active Accounts	NRW		marks / Interventions	NRW Management Performance Category	No. of Active Accounts	NRW
Limketkai		%	l/conn./day				%	l/conn./day	l/conn./day			%	l/conn./day				%
Dacudao																	

Prepared by:

Checked by:

Noted by:

Approved by:

OIC, PNRW

Department Manager

AGM - Designate for Operation

General Manager