



**ST. JOHNS COUNTY UTILITY DEPARTMENT
WET TAP REPORT**

Date: _____

Project Name: _____

Contractor: _____

Sub Contractor: _____

Wet Tap Size: _____ Force Main / Water / Reuse Tap (Circle One)

Type of pipe being tapped: _____

Retrieved Coupon: Yes / No (Circle one)

Start Time: _____

End Time: _____

P.S.I. Start: _____

P.S.I. End: _____

Report By: _____

Fax or mail this completed form to Clare Dold (fax 904-209-2619), or you may scan and e-mail the form to cdold@sjcfl.us. Call 904-209-2618 with questions.