



**ST. JOHNS COUNTY UTILITY DEPARTMENT
LOCATE WIRE TEST REPORT**

PROJECT NAME: _____

LOCATION: _____

DATE: _____

CONTRACTOR: _____

Water Main Footage: _____

Street(s):
Station / Lot # Start:
Station End:

Force Main Footage: _____

Street(s):
Station / Lot # Start:
Station End:

Reclaimed Water Main Footage: _____

Street(s):
Station / Lot # Start:
Station End:

Additional Notes:

Total Amount Tested: _____

Test Results: _____

Tested by (print and sign): _____

Inspector: _____

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.