

# RESIDENT ENGINEER DAILY REPORT SANITARY SEWER INSTALLATION

**Project Name:** \_\_\_\_\_ **Report No.:** \_\_\_\_\_

**Project Location:** \_\_\_\_\_ **Elgin South Elgin**

**Project No.:** \_\_\_\_\_

**Client:** \_\_\_\_\_

**Client Representative:** \_\_\_\_\_ **Telephone No. ( ) -** \_\_\_\_\_

**Date:** \_\_\_\_\_ **200** \_\_\_\_ **Day:** SUN M T W TH F SAT

**Weather:** Clear Overcast Rain Snow Hot Cold Warm Temp. (F): \_\_\_\_\_

**Site Conditions:** Dry Muddy Dusty Other: \_\_\_\_\_

**Time Start Work:** \_\_\_\_\_ **Time Stop Work:** \_\_\_\_\_ **Time Not Working:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_

**Equipment on Site:** \_\_\_\_\_ **Material Delivered on Site:** \_\_\_\_\_


**Labor:** Foreman: \_\_\_\_\_ Operators: \_\_\_\_\_ Laborers: \_\_\_\_\_

**Others:** \_\_\_\_\_

**WORK COMPLETED BY CONTRACTOR ON THIS DATE:**

(Include any conditions affecting the job, Changed Conditions, Delays, Conflicts Encountered, etc.)

	Starting Location (Station)	Ending Location (Station)	Size of Pipe (In.)	Pipe Material (Incl.) (SDR)	Total Pipe Footage Installed	List Manhole Structures Installed	List Lot Services Installed
1.							
2.							
3.							
4.							
5.							

	Starting Location (Station)	Ending Location (Station)	Size of Pipe (In.)	Pipe Material (Incl.) (SDR)	Total Pipe Footage Installed	List Manhole Structures Installed	List Lot Service Installed
6.							
7.							
8.							
9.							
10.							
11.							
12.							

Soil Descriptions: (Typically) \_\_\_\_\_

Was Ground Water Encountered: Yes No Depth: Feet \_\_\_\_\_ Inches \_\_\_\_\_

How Was Water Handled: \_\_\_\_\_

Were there any changes made to the original plans and specifications: Yes No

(If yes, please explain) \_\_\_\_\_

Visitors: \_\_\_\_\_

Time on Site: From \_\_\_\_\_ To \_\_\_\_\_ With \_\_\_\_\_ Hour Lunch , Mileage: \_\_\_\_\_

Total Hours Charged to Project: \_\_\_\_\_ Site: \_\_\_\_\_ Travel: \_\_\_\_\_ Office: \_\_\_\_\_

Overtime Hours: \_\_\_\_\_ Reason for Overtime: \_\_\_\_\_

Signature Resident Engineer: \_\_\_\_\_

Printed Name of Resident Engineer: \_\_\_\_\_

Position: \_\_\_\_\_ Resident Engineer Telephone No: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_

Please Fax to (847) 742-0193 or Email to [staff@frwr.com](mailto:staff@frwr.com) every two (2) weeks to the FOX RIVER WATER RECLAMATION DISTRICT (FRWRD)

