

Atlantic States Cast Iron Pipe CO. Ten Year Warranty Registration

UTILITY NAME: _____ CONTACT _____ ADDRESS: _____ CITY/TOWN: _____ ZIP CODE: _____ PHONE: _____ FAX: _____ PROJECT NAME: _____ PROJECT LOCATION: _____ SALES ORDER #: _____ DELIVERY DATE: _____ ENGINEER NAME: _____ ADDRESS: _____ CITY: _____ ZIP CODE: _____ INSPECTOR: _____ INSTALLER NAME: _____ ADDRESS: _____ CITY: _____ ZIP CODE: _____	INSTALLATION DATE: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">PIPE INFORMATION:</th> <th style="width: 15%;">JOINT</th> <th style="width: 15%;">CLASS</th> <th style="width: 15%;">FEET</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">SIZE</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">ST:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> SERVICE USAGE: <input type="checkbox"/> WATER <input type="checkbox"/> SEWER <input type="checkbox"/> FM <input type="checkbox"/> Other INSTALLATION INFORMATION: TRENCH TYPE (1-5): _____ DEPTH of COVER (ft): _____ POLYWRAPPED(Y/N): _____ TEST DATE _____ TEST PRESSURE(PSI): _____ PIPELINE OPERATING PRESSURE: _____	PIPE INFORMATION:	JOINT	CLASS	FEET	SIZE								ST:																															
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Please visit www.AtlanticStates.com for electronic warranty registration.