COLORADO DEPARTMENT OF TRANSPORTATION

DAILY WATER REPORT

Project No.:	Truck No. or License No.:	Hours:
Capacity:	Location:	Date:

Load Number	Time Loaded	Embankment	Sub-Base	Surface	Dust Abatement	Other	General Location

Total Pay Quantity: (M-Gal)	**Total Non-Pay Quantity:** (M-Gal)
Remarks:	
I certify that this is a true and complete record of water delivered to this Project.	
Driver's Signature:	Project Inspector's Signature:
	Field Report Number: