

CLEAR WATER REPELLENT CHECKLIST

PROJECT

Project Name: _____ **Date** / /

Address: _____

City: _____ **State:** _____ **Zip:** _____

Submitter Name: _____ **Company Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

Fax: _____

SURFACES TO BE TREATED

Substrate	EXAMPLE	#1	#2	#3
Type	Brick			
Color	Red			
Location				
Interior				
Exterior	√			
Texture				
Polished				
Smooth	√			
Textured				
Rough				
Porosity				
Dense				
Semi-porous	√			
Porous				
Condition				
Sound	√			
Marginal				
Deteriorated				
Moisture				
Visibly dry	√			
Moist				
Wet				

SURFACE PREPARATION

Repair				
Patch				
Scale				
Consolidate				
Replace				
Inject Cracks				
Re-point	√			
Remove				
Debris	√			
Excess mortar	√			
Staining				
Mold & Mildew				
Atmospheric	√			
Paint				
Coatings				
Graffiti	√			

