

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-8-12 Time: 12:30 PM Location: 1015 Service St.

Please Circle Appropriate Action: New Line Installation Line Repair / Service Line

1-9-12

Taylor, Jeff, Clark, Harmon, Colley

NEW LINE INSTALLATION:

Were State approved or AWWA Standards Followed: (YES / NO)

Detailed summary of disinfection procedure used (Use back of page if needed):

COPY

Chlorine Residual Prior to Initial Flush: _____

Date / Time of Initial Flush: _____ Length of Time of Initial

Flush: _____ Chlorine Residual after Flush: _____

Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES ☒ NO ☐ Number of Customers Affected: _____

Main Size: 6" PVC Repaired Under Pressure: YES ☐ NO ☒

For partially or fully de-watered mains:

Was positive pressure maintained while a trench was opened and area cleaned? (YES)
NO) _____

Time Water Main Valved Off (positive pressure removed): 2:00 am / pm

Nature of Leak or Break:

Crack in pipe

Were State approved or AWWA Standards Followed: (YES) / NO)

Detailed summary of repair procedure used (Use back of page if needed):

Dug below & around pipe & cleaned area

Was water main contaminated during the repair process? (YES / NO)

Disinfection Procedure / Calculations (Use back of page if needed):

Cleaned parts & material with bleach

Amount of Time Line Flushed: _____ Minutes

Ending Chlorine

Residual: _____ mg/L

Bacteriological Sample Collected: YES ☐ NO ☐

Results**: _____

(**Attach copy of results to record)

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

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