

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-6-11 Time: 10 AM Location: 1017 S. Rose St

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

NEW LINE INSTALLATION:

Were State approved or AWWA Standards Followed: (YES / NO)
Detailed summary of disinfection procedure used (Use back of page if needed):

*Taylor
Dennis
Reed
Coffey*

Chlorine Residual Prior to Initial Flush: _____
Date / Time of Initial Flush: _____ Length of Time of Initial
Flush: _____ Chlorine Residual after Flush: _____

18 Gpm

Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES ☒ NO ☐ Number of Customers Affected: 1

Main Size: 6" Cast 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): _____ am / pm

Nature of Leak or Break:

Busted Service

Were State approved or AWWA Standards Followed: (YES) / NO
Detailed summary of repair procedure used (Use back of page if needed):

Cleaned & dug below & around pipe

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

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

Cleaned with bleach, material & area

Amount of Time Line Flushed: _____ Minutes
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ☐ NO ☐
(**Attach copy of results to record)

Results**: _____

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

Additional Comments:

