

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7-16-12 Time: All Day Location: 1028 S. Roane 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):

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 1

Main Size: 8" 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:

leaking plastic service

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

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

Replaced with Copper

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

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

Flushed line

Amount of Time Line Flushed: 1 Minutes

Residual: \_\_\_\_\_ mg/L

Ending Chlorine 2.20

Bacteriological Sample Collected: YES ☐ NO ☐

(\*\*Attach copy of results to record)

Results\*\*: \_\_\_\_\_

Date / Time Water Main Returned to Service: \_\_\_\_\_ am / pm

Additional Comments:

See Photos

Taylor- Adam- Bull- Billy

COPY