

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 12-17-09 Time: _____ Location: 102 Fred Nelson Rd.

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 _____

Main Size: _____ 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: _____

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

Had 18" around pipe pipe was cleaned and parts bleached

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

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

Amount of Time Line Flushed _____ Minutes Ending Chlorine 2.20
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: _____

