

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 3-3-10 Time: 10:15 am Location: 103 Evergreen St

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

NEW LINE INSTALLATION:

COPY

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

3-8-10 g

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

Date / 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: 0

Main Size: 2" 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) YES

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

Nature of Leak or Break: pinhole in side of 2" Gelo

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

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

Repaired with Full Circle Band 7 1/2"

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

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

Bleached Band

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: _____ 20 _____ am / pm

Additional Comments:

2' x 3' hole

5 min to raise 6"