

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-10-10 Time: 10:00 P.M Location: 108 Pine 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: 0

Main Size: 2" Galv. 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:

Broke at a Coupling.

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

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

Block was put in the Bend before placed on the 2" Galv. water main.

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

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

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:

West
Billy
Adair
Reed

COPY

1-12-10
J

