

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-15-14 Time: --- Location: 111 Hillwood

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

NEW LINE INSTALLATION:

COPY

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

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

8/19/14

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: 6" 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): None am / pm

Nature of Leak or Break:

service leaking at saddle

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

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

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

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

Amount of Time Line Flushed: 2 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: installed a piece of copper to replace plastic

COPY