

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 8-1-11 Time: 2:00 Location: \* 1125 Ruritan Rd

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

West  
Bull  
Daniel

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

ADO

Water Supply (WS) Project Number: \_\_\_\_\_

**FOR LINE REPAIRS:**

Interruption of Water Service: YES \_\_\_ NO ☒ Number of Customers Affected: \_\_\_\_\_

Main Size: 1" 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:

Pen hole

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

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

Full Circle Band All 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

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:

1/2 Gpm  
Leak

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