

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-26-13 Time: 2:15 p.m. Location: 113 Scarborough Ln.

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

NEW LINE INSTALLATION:

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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: 6

Main Size 2" PUC 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:

end cap blown off line

Were State approved or AWWA Standards Followed (YES / NO) NO Repaired with
Detailed summary of repair procedure used (Use back of page if needed): 3 Bolt dresser,

Was water main contaminated during the repair process? (YES / NO) NO hipple, and cap
Disinfection Procedure / Calculations (Use back of page if needed): Bleached parts

Amount of Time Line Flushed: 5 Minutes Ending Chlorine
Residual: _____ mg/L Flushed line

Bacteriological Sample Collected: YES ☐ NO ☐
(*Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

See Photos

Rev 01-21-09

Adam

Bull Jimm

3 month leak

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