

Date: 11-29-10 Time: 2:00 P.M. Location: 114 N. Boone St.

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

**NEW LINE INSTALLATION:**

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

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:**

Resumption of Water Service: YES

NO

Number of Customers Affected

Pipe Size: 1" Galv

Repaired Under Pressure

YES

NO

Was partially or fully de-watered mains

Was positive pressure maintained while a trench was opened and area cleaned? YES

Water Main Valved Off (positive pressure removed):

am pm

Location of Leak or Break

split in bottom of 1" Galv

Were State approved or AWWA Standards Followed: YES NO

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

Repaired with Band

Was water main contaminated during the repair process? YES NO

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

Amount of Time Line Flushed  
Residual mg/L

Minutes

Ending Chlorine

Bacteriological Sample Collected: YES

NO

Results\*\*

\*\*Attach copy of results to record)

Date: Time Water Main Returned to Service:

20

am pm

Additional Comments

