

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 11-3-09 Time 11:00 am. Location 114 Redwood Dr.

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 1

Main Size 2" 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

Replaced service

Were State approved or AWWA Standards Followed (YES ☒ NO ☐

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

Replaced with copper

Was water main contaminated during the repair process? (YES ☐ NO ☒

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

Flushed line

Amount of Time Line Flushed 5 Minutes  
Residual mg/L

Ending Chlorine 2.20

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

Results\*\*

Date: Time Water Main Returned to Service am pm

Additional Comments