

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-21-09 Time: 12:00pm Location: 115 Beung street

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

NEW LINE INSTALLATION:

COPY
J M 10/22/09

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:

Replace Service - replaced 36" section of main

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

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

Replaced 36" section with 2 - Galv dressers and PVC replaced service with copper

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

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

Flushed line - scrubbed pipe with Bleach

Amount of Time Line Flushed 5 Minutes

Ending Chlorine 2.20

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:

