

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-13-09 Time: 5pm Location: 116 Clark St.

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

NEW LINE INSTALLATION:

COPY

11/13/09

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

Main Size 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

Were State approved or AWWA Standards Followed (YES / NO)
Detailed summary of repair procedure used (Use back of page if needed)

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

