

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-4-10 Time: 1:45 p.m. Location: 116 Redwood.

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):

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3-8-10 2

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) (YES)

<sup>1</sup>Time Water Main Valved Off (positive pressure removed): \_\_\_\_\_ am / pm

Nature of Leak or Break: Replace service

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

Replace with copper

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

Flushed line

Amount of Time Line Flushed: 2 Minutes  
Residual: \_\_\_\_\_ mg/L

Ending Chlorine 2.20

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

Date / Time Water Main Returned to Service: \_\_\_\_\_ am / pm

Additional Comments:

