

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 6-10-13 Time: 2:30 Location: 116 South Walden Crown

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

**COPY**

**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: N/A

Main Size: 4" PVC 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): N/A am / pm

Nature of Leak or Break

split in pipe

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

Detailed summary of repair procedure used (Use back of page if needed):  
Bleached Band + Tools Had B' around pipe

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  
Residual: \_\_\_\_\_ mg/L

Ending Chlorine

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

Results\*\*:

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

Additional Comments:

Done by Billy Brett T.J.

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