

54 FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-27-14 Time: 9:00^{am}-1:00 am Location: 1174 Snow Hill Rd

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

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NEW LINE INSTALLATION:

2-5-14

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: 2

Main Size: 6 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)

Time Water Main Valved Off (positive pressure removed): 10:00 pm am / pm

Nature of Leak or Break:

Leak at Coupling

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

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

Cleaned pipe, Bleached band and installed to stop leak 8' below coupling, installed knock on to repair leak at Pipe Joint

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

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

Amount of Time Line Flushed: 1 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: 1-28-14 12:00 am / pm

Additional Comments:

Taylor, Ronnie, Jeff, TJ.

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