

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-26-10 Time: 10:45 am Location: 118 Coffey Ln

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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3-29-10

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Chlorine Residual Prior to Initial Flush: \_\_\_\_\_  
Date / Time of Initial Flush: \_\_\_\_\_ Length of Time of Initial  
Flush: \_\_\_\_\_ Chlorine Residual after Flush: \_\_\_\_\_

Adam

Bryan Bull

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)

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

Nature of Leak or Break:

replace leaking service line

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

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

Replaced plastic w/ copper

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

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

Flushed service

Amount of Time Line Flushed: 2 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:

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