

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-16-12 Time: 5:00pm Location: 120 Emory Heights Rd

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

NEW LINE INSTALLATION:

COPY

12/17/12 J

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: 3" 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:

saddle rotted off 3" transite

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

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

saddle rotted off 3" transite, Banded + AP and made new + AP

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: 12-16-12 8:00 am / pm

Additional Comments:

Rev 01-21-09

Account # 11-6775
Timothy M Gibbs
120 Emory Heights Rd

West
Adam
Donnie
Tim

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