

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-15-12 Time: 2:00 p.m. Location: 122 Loc Dr.

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):

COPY
10/22/12

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: 6" 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) YES

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

Nature of Leak or Break:

Leaking service line

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

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

Amount of Time Line Flushed: 1 Minutes
Residual: _____ mg/L

Ending Chlorine 2.20

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

Results**: _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

3 GPM Leak

See Photos

Rev 01-21-09

Adam - Jimmy - Justin

