

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 5-17-13 Time: 9:00 AM Location: 124 Tidwell Cir

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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5/20/13

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: 2 in 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): 9:00 am pm

Nature of Leak or Break

3/4 POC

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

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

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:

The information was received from a source who provided the name of the person seen, but the source did not provide a description of the person. The source also did not provide any other information about the person or the circumstances of the sighting.

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