

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 6-16-10 Time: 3:00 p.m. Location: 125 Willow 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):

Chlorine Residual Prior to Initial Flush: _____

Date / Time of Initial Flush: _____ Length of Time of Initial

Flush: _____ Chlorine Residual after Flush: _____

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Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES ___ NO ___ Number of Customers Affected: _____

Main Size: _____ 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: _____

Replaced leaking service

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

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

Replaced plastic with copper

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

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

Amount of Time Line Flushed: 30 sec 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:

2' x 4'
hole

120 sec to raise 6"

3/4 Plastic broken into

92 psi
22 GPM

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