

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-20-14 Time: 10:00 AM Location: 1316 Old Rocne St.

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

NEW LINE INSTALLATION:

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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: 0  
Service Main Size: 1/2" copper 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: Pin hole in 1/2 copper service

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

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

Cleaned pipe and Placed 1bold Band over hole.

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: \_\_\_\_\_ am / pm

Additional Comments:

Taylor, Donnie, Billy, TJ

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