

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-30-11 Time: 3:00 Location: 149 Morning Dr.

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

NEW LINE INSTALLATION:

COPY

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: 6

Main Size: 1" Blue Max 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: 1" Blue Max nearly broken into

Were State approved or AWWA Standards Followed: (YES / NO) YES Repaired with 2ft copper

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

Was water main contaminated during the repair process? (YES / NO) NO Bleached copper

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

Amount of Time Line Flushed: 10 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:

Positive pressure on both ends

See Photos

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