

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 6-15-12 Time: 10:30 Location: 150 Deer Haven Rd

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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6-18-12

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: \_\_\_\_\_

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) YES

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

Nature of Leak or Break:

leaking service

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

Detailed summary of repair procedure used (Use back of page if needed): Replaced small 2' section of plastic with copper and 2 unions

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

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

Bleached copper flushed line

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:

Adam Bull

See Photos

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