

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-13-13 Time: 11:00 AM Location: 153 Williams Ln

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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11/15/13

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: NA

Main Size: 2" 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): 9:45 (am) pm

Nature of Leak or Break:

Saddle gasket was leaking

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

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

Removed old saddle and Banded hole Due to Pipe ~~damaged~~ damaged
from water leak (press. put a crease in PVC main) Retapped pipe and connect

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

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: 12:00 (am) pm

Additional Comments:

Donnie / Jinny / TJ

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