

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 5-20-13 Time: 10:00 Location: 156 Snow Ln.

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):

5/22/13

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: N/A

Main Size: 4" pvc 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): N/A am / pm

Nature of Leak or Break:

1/2 split in pipe

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

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

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
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:

Rev 01-21-09

Donnie / Brett / Jimmy / TJ

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