

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-24-12 Time: 10:00 am Location: 184 Forest Hills 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):

9/25/12 J

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: 2" 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) ☒

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

Nature of Leak or Break:

Small split in main

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

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

Repaired with Band

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

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

Backed Ben

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

Good Leak
See Photos

Adam, Bull, Billy, Kris

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