

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Holiday Inn

Date: 12-1-14 Time: 3:00 P.M. Location: 1885 S. Roane StPlease 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: 0Main Size: 6" cast 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:

main broken clean intoWere State approved or AWWA Standards Followed: (YES / NO) Banded Leak
Detailed summary of repair procedure used (Use back of page if needed):Was water main contaminated during the repair process? (YES (NO)) Bleach Band
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:

Sec PhotosBig Leak
2 pumps

Rev 01-21-05

Adam
TS
Timmy5' x 8' hole

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