

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-8-10 Time 10:00 a.m. Location 1889 Swan Pond 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):

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 _____

Were State approved or AWWA Standards Followed: (YES / NO)
Detailed summary of repair procedure used (Use back of page if needed):

new service line

Was water main contaminated during the repair process? (YES / NO) Flushed line
Disinfection Procedure / Calculations (Use back of page if needed):

Amount of Time Line Flushed: 2 Minutes
Residual _____ mg/L

Ending Chlorine 2.20
: 2:36 pm

Bacteriological Sample Collected: YES ___ NO ___
(*Attach copy of results to record)

Results** _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

50 Gallons
Water loss

