FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: __7-4-12__   Time: __10:15 p__   Location: __202 Tunnell 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):

7/5/12
Jeffo
Tim
Kim

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 __0__

Main Size: __2" plastic__ 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)
¹Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break:
_____ 2" split on main _____

Were State approved or AWWA Standards Followed: (YES / NO)
Detailed summary of repair procedure used (Use back of page if needed):
used a 2" bolt band and bleached it

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

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: __7-4-12__   __11:00__ am / pm

Additional Comments:
_____

Rev 01-21-09