

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 1-4-11 Time 2:00 p.m. Location James Souther 206 Husch Watson Rd

Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line

**NEW LINE INSTALLATION:**

Were State approved or AWWA Standards Followed (YES / NO) COPY  
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 \_\_\_\_\_ 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 \_\_\_\_\_

Replaced leaking service line

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

Replaced with copper

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 1 Minutes  
Residual \_\_\_\_\_ mg/L

Ending Chlorine 2.20

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

Results\*\* \_\_\_\_\_

Date / Time Water Main Returned to Service \_\_\_\_\_ am / pm

Additional Comments See Photos

Adam - Billy - Wendell - Drew

