

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 2-7-11 Time: 3pm Location: 207 Long Dr

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

Service

Taylor, Clark, Reed

NEW LINE INSTALLATION:

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

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

COPY

Date 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

Hot 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):

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

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

Results**

**Attach copy of results to record)

Date Time Water Main Returned to Service: _____ 20

am pm

Additional Comments: _____