

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-27-09 Time: 11:00 ^{a.m.} Location: 207 White Rd

Adam
Billy
Tim

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

COPY

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

replace leaking service

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)

Flushed line

Amount of Time Line Flushed 5 Minutes

Ending Chlorine 2.20

Residual mg/L

Bacteriological Sample Collected: YES ☐ NO ☐

Results**

**Attach copy of results to record)

Date: Time Water Main Returned to Service:

am pm

Additional Comments