

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-13-10 Time: 9:30 am Location: 208 Tub Spring

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1-18-10

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: 1

Main Size: 2" 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) YES

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

Nature of Leak or Break: Repaired leaking 2" knock-on 90

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

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

Repaired with 2 brass nipples and 2 - 3 bolt clamps and 2" 90

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

Disinfection Procedure / Calculations (Use back of page if needed):

Bleached pipe, nipples, clamps

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: _____ am / pm

Additional Comments:

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