

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-12-12 Time: 2:45 Location: 210 Spencer

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):

**COPY**

12-17-12

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: 2

Main Size: 2" Galv 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

Time Water Main Valved Off (positive pressure removed): \_\_\_\_\_ am / pm

Nature of Leak or Break:

Leaking Galv tee & couplings

Were State approved or AWWA Standards Followed: YES / NO

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

Removed tee and straight lined with plastic & 3 Bolt dresser

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

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

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:

See Photos

Adem - Jimmy - Bull

Positive Pressure on Both ends  
Throttled valves down

1409