

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-1-10 Time 9:30 am Location 212 Birch St

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 _____

Main Size 2" cast 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 _____

split in bottom of 2" cast

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

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

Repaired with Band

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

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

Bleached Band

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: _____ am / pm

Additional Comments _____

