

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 11-19-09 Time 12:30 PM Location 212 Jackson Dr.

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" PVC 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 pipe

Were State approved or AWWA Standards Followed YES / NO

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

put bleach on band & cleaned pipe & put band on pipe.

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: am pm

Additional Comments