

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

10-18-10

Time: 1:30 PM

Location: ~~200~~ 213 White Rd

Take Appropriate Action: NEW LINE INSTALLATION / Service LINE REPAIR

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

Date: 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

Repaired Under Pressure YES NO

Was partially or fully de-watered mains

Was positive pressure maintained while a trench was opened and area cleaned? (YES / NO)

Water Main Valved Off (positive pressure removed): am pm

Leak or Break

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):

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: 20 am pm

Additional Comments

