

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 8/6/10 Time 11:30 am Location 2237 Airport Rd

Please Circle Appropriate Action: New Line Installation Line Repair Service Line

NEW LINE INSTALLATION:

Were State approved or AWWA Standards Followed (YES / NO) **COPY**
Detailed summary of disinfection procedure used (Use back of page if needed)

8-9-10
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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 3

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 _____

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

Nature of Leak or Break Line Split on bottom

Were State approved or AWWA Standards Followed (YES) NO)
Detailed summary of repair procedure used (Use back of page if needed)

Bleached band

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 _____ am pm

Additional Comments

Bleached band

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