

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 10-29-09 Time 11Am Location 226 Martin Holwa
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 10

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): 11 am pm

Nature of Leak or Break

Hit with shovel

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

Cleaned parts with bleach + cleaned 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 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

