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FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-1-14 Time: 12:00 PM Location: 236 Ford Ave

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):

COPY

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: N/A

Main Size: 2" galv 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): N/A am / pm

Nature of Leak or Break:

pin Hole

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

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

Bleached Bend

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:

FIELD DATA SHEET FOR WATER MAIN REPAIR

Date: \_\_\_\_\_

Please Print - Name of Crew Chief: \_\_\_\_\_

NEW LINE WORK: \_\_\_\_\_

Were State approved or AWWA Standard Followed? (YES/NO) \_\_\_\_\_  
Detailed summary of repair procedure used (use back of page if needed): \_\_\_\_\_

Original Residual Plot to Joint: \_\_\_\_\_  
Date / Time of Initial Flush: \_\_\_\_\_  
Flush: \_\_\_\_\_

Water Supply (WS) Pressure: \_\_\_\_\_

FOR LINE REPAIR:

Intention of Water Service: YES/NO \_\_\_\_\_

Main Size: \_\_\_\_\_ Repaired Under Pressure: YES/NO \_\_\_\_\_

For partially or fully closed main:

Was positive pressure maintained while a repair was opened and area cleared? (YES/NO) \_\_\_\_\_

Time Water Main Valved Off (positive pressure removed): \_\_\_\_\_

Nature of Leak or Break: \_\_\_\_\_

Were State approved or AWWA Standard Followed? (YES/NO) \_\_\_\_\_  
Detailed summary of repair procedure used (use back of page if needed): \_\_\_\_\_

Was water main contact rated during the repair process? (YES/NO) \_\_\_\_\_  
Disturbance to Surrounding Structures (use back of page if needed): \_\_\_\_\_

Amount of Time Line Repaired: \_\_\_\_\_  
Residual: \_\_\_\_\_

Bacteriological Sample Collected: YES/NO \_\_\_\_\_  
(Attach copy of results to record)

Date / Time Water Main Returned to Service: \_\_\_\_\_

Additional Comments: \_\_\_\_\_