

## FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11/9/10 Time: 2:00 Location: 231 McCarroll Ln  
Measure: Circle Appropriate Action: NEW LINE INSTALLATION / 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)

Date: Time of Initial Flush:

Chlorine Residual after Flush

Water Supply (WS) Project Number

## FOR LINE REPAIRS:

Disruption of Water Service: YES NO Number of Customers Affected

Water Size: 2" ~~gall~~ 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)

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

Reason for 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):

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 20 am pm

Additional Comments

