

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-3-13 Time: 11:00 AM Location: 234 Sxx to Loop
~~Reactor~~ ~~Chaptal Rd~~

Please Circle Appropriate Action: New Line Installation / Line Repair / New 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):

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9/3/13

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: _____

Main Size: _____ 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)

¹Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of 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: _____ am / pm

Additional Comments:

Donnie / Billy / TJ

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