FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR 8-13-10 Time: 5 PM Location: 2415 Swan Pord Rd. Please Circle Appropriate Action: NEW LINE INSTALLATION (LINE REPAIR NEW LINE INSTALLATION: Werle 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: 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 Time 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):

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