

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 12-29-10 Time 10:30 am Location 241 Copper Rd

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

NEW LINE INSTALLATION:

COPY

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

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

New copper service line

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) _____

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

Nature of Leak or Break _____

new tap on 6" PVC new 3/4 copper service

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 _____

Aden - Daniel - Wendell

