

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-3-09 Time: 11:30 a.m. Location: 2449 Airport Rd

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: 1

Main Size: 6" 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:

Replaced plastic service with copper

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

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

Replaced service line

Was water main contaminated during the repair process? (YES / NO)

Disinfection Procedure / Calculations (Use back of page if needed): Flushed line

Amount of Time Line Flushed: 5 Minutes
Residual: _____ mg/L

Ending Chlorine 2.20

Bacteriological Sample Collected: YES ☐ NO ☐
(**Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

84 psi, 18 GPM, 2.20 d²

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-2-09 Time: 10:30 a.m. Location: 2449 Airport 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)

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

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: 6" 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:

3" Long split in bottom of 6" PVC Water Main

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

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

Repaired with

Was water main contaminated during the repair process? (YES NO)

Disinfection Procedure / Calculations (Use back of page if needed):

Bleached Band

Amount of Time Line Flushed: _____ Minutes

Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ____ NO ____

(**Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments: