

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-14-09 Time: 2:00 pm Location: 254 Crab Orchard Cem 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):

Adam
Reed
Bull

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:

COPY

Interruption of Water Service: YES ___ NO ___ Number of Customers Affected: ___

Main Size: 2" 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) YES

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

Nature of Leak or Break: leaking copper service line

Were State approved or AWWA Standards Followed: YES (NO)
Detailed summary of repair procedure used (Use back of page if needed):

Replaced 3/4 copper service

Was water main contaminated during the repair process? (YES / NO)
Disinfection Procedure / Calculations (Use back of page if needed):

Amount of Time Line Flushed: 5 Minutes Ending Chlorine 2.20
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: _____

