

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-20-09 Time: 3:00 p.m. Location: 271 McKinney 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)

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

pin hole in 3/4 plastic

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

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

Repaired with Full Circle Band

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 _____

Results** _____

**Attach copy of results to record

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

Additional Comments

