

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 11-3-09 Time 9:00 a.m. Location 275 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

hole in plastic service line

Were State approved or AWWA Standards Followed (YES ☒ NO ☐)

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

Repaired with 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