

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7-24-13 Time: 6:30 Location: 295 Oakdale

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):

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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 in 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): 8:30 am / pm

Nature of Leak or Break:

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:

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