

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 6-12-10 Time: 9:30 a.m. Location: 304 Morning Dr.

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: _____ 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: _____

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

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

Replaced plastic service w/ copper

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: 1 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:

John Darts

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