

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-5-14 Time: 3:30 AM Location: 305 Byrd St

Please Circle Appropriate Action: New Line Installation (Line Repair) / Service Line

## NEW LINE INSTALLATION:

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1-8-14

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

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

Cleaned Main Line and Leak, Bleached Band

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: 0

Main Size: 6" 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

<sup>1</sup>Time Water Main Valved Off (positive pressure removed): \_\_\_\_\_ am / pm

Nature of Leak or Break:

6" cast iron snapped

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

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

Cleaned Pipe and installed 15" Band

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:

crew - Jeff / Bitly / Jimmy / TJ

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