

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-19-09 Time: 3:30 pm Location: 308 Maple St

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)

Adm, Bull,
Tim, Bryna

COPY

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 1

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)

Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break:

leaking service line

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

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

Replaced service with 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: 5 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:

2' x 4' hole

See Pictures

10 sec to raise 6"

