

4
FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-13-14 Time: 11:30 Location: 310 Evergreen 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):

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: 3" Trans 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) YES

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

Nature of Leak or Break: leaking service - Galv

Were State approved or AWWA Standards Followed: (YES) / NO Replace with Pex
Detailed summary of repair procedure used (Use back of page if needed): Took off of 3" Trans
and put on 8" cast - Banded old Tap

Was water main contaminated during the repair process? (YES / NO) NO Flushed line
Disinfection Procedure / Calculations (Use back of page if needed):

Amount of Time Line Flushed: 1 Minutes Ending Chlorine 2.20
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:

* Pumper nozzle on F.H. ran wide open for 15 min
1" hole on 3" Trans blown for 30 min until we could
get a band on it - at least 30gpm @ 125 psi

Rev 01-21-09

Adam
Billy
Jimmy

See Photos

COPY