

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-12-11 Time: _____ Location: 310 Tanglewood

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

COPY

NEW LINE INSTALLATION:

Were State approved or AWWA Standards Followed: (YES / NO)
Detailed summary of disinfection procedure used (Use back of page if needed):

Chlorine Residual Prior to Initial Flush: _____
Date / Time of Initial Flush: 9-12-11 Length of Time of Initial
Flush: 2 minutes Chlorine Residual after Flush: _____

Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES _____ NO ☒ Number of Customers Affected: _____

Main Size: 2" 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: _____

Main had 2' crack

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: 2 minutes Minutes
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES _____ NO ☒
(**Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: 9-12-11 _____ am / pm

Additional Comments:

COPY