

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-9-10 Time: 2:00pm Location: 317 Uximal Dr.

Please Circle Appropriate Action: NEW LINE INSTALLATION LINE REPAIR

NEW LINE INSTALLATION:

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

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

Date - 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 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)

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

Nature of Leak or Break: Replaced 8ft of 2" Galv main

Were State approved or AWWA Standards Followed: YES NO

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

Cut out 8ft of Galv main and replaced with PVC

Was water main contaminated during the repair process? (YES / NO)

Disinfection Procedure / Calculations (Use back of page if needed):

Bleached pipe and couplings

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: 20 am pm

Additional Comments: