

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-2-12 Time: 10:00 A.M. Location: 319 Fairchild

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

NEW LINE INSTALLATION:

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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: \_\_\_\_\_ 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" cast 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

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

Was water main contaminated during the repair process? (YES / 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: See Photos 8 GPM Leak

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