

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7-2-12 Time: 2:30 PM Location: 319 Tanglewood Rd

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):

7-3-12
Y

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: 2

Main Size: 2" PUC 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:

leak at end of line at B.O. and last two taps

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

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

Replaced last 4' of line and B.O. and redone last two taps

Was water main contaminated during the repair process? (YES / NO) Bleached pipe and fittings

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

Amount of Time Line Flushed: 15 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:

Throttled valve down, 18" under pipe
Positive Pressure all the time

Rev 01-21-09

See Photos and Drawings

Adam - Billy - Donnie

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