

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-7-10 Time 9:30 a.m. Location 323 Huse Watson Rd

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)

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 4" 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)

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

Nature of Leak or Break

Replaced service

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

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

Replaced with copper

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

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

Flushed line

Amount of Time Line Flushed: 1 Minutes
Residual _____ mg/L

Ending Chlorine 1.96

Bacteriological Sample Collected: YES ☐ NO ☐

Results** _____

(**Attach copy of results to record)

Date: Time Water Main Returned to Service: _____ am _____ pm

Additional Comments:

