

35

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-10-14 Time: 5:00 P.M. Location: 3253 Airport Rd

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

NEW LINE INSTALLATION:

COPY

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

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

1-13-14

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" PVC 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:

Replace leaking service line

Were State approved or AWWA Standards Followed: YES / NO

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

Replaced with new Pex

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

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

Flushed line

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

Rev 01-21-09

Adam Billy

Donnie T.S.

3 GPM Leak

COPY