

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 11-3-09 Time 6pm Location 3409 Airport 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 _____

Main Size _____ 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 _____

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

Was water main contaminated during the repair process? (YES / NO)
Disinfection Procedure / Calculations (Use back of page if needed)

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: _____ am _____ pm

Additional Comments _____