

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-15-13 Time:        Location: 341 Fracchi'd

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):

**COPY**  
12/2/13

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: 6 in 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:

3/4 @ service

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:

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