

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-7-10 Time: 12 PM Location: 350 Leslie Dr.

Please Circle Appropriate Action: NEW LINE INSTALLATION / Service LINE REPAIR

**NEW LINE INSTALLATION:**

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

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

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Date / 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  
Residual: \_\_\_\_\_ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES \_\_\_\_\_ NO \_\_\_\_\_  
(\*\*Attach copy of results to record)

Results\*\*:

Date / Time Water Main Returned to Service: \_\_\_\_\_ 20 \_\_\_\_\_ am / pm

Additional Comments:

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