

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-25-14 Time: 11:00 Location: Aspen & Sheldon

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):

HB

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: 5+

Main Size: 6" cast 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

<sup>1</sup>Time Water Main Valved Off (positive pressure removed): \_\_\_\_\_ am / pm

Nature of Leak or Break: Tap Busted out

Were State approved or AWWA Standards Followed: YES / NO) Banded tap  
Detailed summary of repair procedure used (Use back of page if needed): + made new tap

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

Amount of Time Line Flushed: 60+ 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: See Photos

