

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-5-11 Time: 1-5-11 Location: 402 Baumgartner

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

Service

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

Date / Time of Initial Flush: _____ Chlorine Residual after Flush: 1-6-11
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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:

