

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 1-4-11 Time 10:00^{am} Location Carol A. Rodgers 405 White Oak 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)

COPY

1-6-11
8

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 2" PVC 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 2 Minutes Ending Chlorine 2.20
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 Made new water tap, 3/4 copper service

Set meter and box

See Photos

Adam - Billy - Wendell - Drew

