

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-3-13 Time: 2:00 PM Location: 412 Warrior Ln

Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line

NEW LINE INSTALLATION:

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

Detailed summary of disinfection procedure used (Use back of page if needed): 12/9/13 J

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: 1

Main Size: 6" ccs 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: Leaking Plastic Service

Were State approved or AWWA Standards Followed: (YES ☒ NO ☐ Replace with copper  
Detailed summary of repair procedure used (Use back of page if needed):

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

Amount of Time Line Flushed: 1 Minutes  
Residual: \_\_\_\_\_ mg/L

Ending Chlorine 2.20

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

Adam  
TJ  
Tim

4 GPM Leak

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