

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 5-4-10 Time: 9:30 a.m. Location: 423 Hillside Dr.

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):

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" Gals 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)

Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break:

split in top of 2" Gals

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

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

Repaired with band

Was water main contaminated during the repair process? (YES / NO)

Disinfection Procedure / Calculations (Use back of page if needed):

Bleached Band

Amount of Time Line Flushed: _____ 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:

2x3' hole

90 sec to raise 6"

He

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