

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-3-10 Time: 1:30 pm Location: 427 Devon St

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

NEW LINE INSTALLATION:

Were State approved or AWWA Standards Followed: (YES / NO) **COPY**
Detailed summary of disinfection procedure used (Use back of page if needed): 3-8-10

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: 2" 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: Replaced leaking Blue Max service line

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

Replaced with copper

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

Flushed line

Amount of Time Line Flushed: 3 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:

