

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 1-27-11 Time 3:00 p.m. Location 428 Queen St

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

NEW LINE INSTALLATION:

COPY

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

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

1-31-11
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 3/4 Galv 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

Replaced leaking service at coupling

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

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

Replaced with Dressers, nipples, curb stop, copper

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 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

See Photos

Adam - Billy - Daniel

100-1000

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