

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7-16-13 Time: 4:00 Location: 428 Walden 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):

7/22/13 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: _____ 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

¹Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break: Contractor Hit it.

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

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

Got water pumpers down so no mud could get it service line.

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

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

Dry hole when repaired. No standing water.

Amount of Time Line Flushed: _____ Minutes
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES NO
(*Attach copy of results to record)

Results**:

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

Donnie / Billy / T.J.

COPY