

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-5-11 Time: _____ Location: 431 Center

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

NEW LINE INSTALLATION:

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

Taylor
Dunn
David

Chlorine Residual Prior to Initial Flush: _____
Date / Time of Initial Flush: _____ Length of Time of Initial
Flush: _____ Chlorine Residual after Flush: _____

COPY

Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES ☒ NO ☐ Number of Customers Affected: 1

Main Size: 6 in ST 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): 1:30 - 2:00 am / pm

Nature of Leak or Break:

Service line leaking

Were State approved or AWWA Standards Followed: (YES) / NO)
Detailed summary of repair procedure used (Use back of page if needed):
Swaged & unused service to one that was leaking capped old Tap

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

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:

534,072

1995