

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 2-4-14 Time: 12:00 P.m. Location: 431 Devon 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):

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" PUC 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: _____

leaking plastic service

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

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

Replace with pex

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

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

Flush line

Amount of Time Line Flushed: 1 Minutes
Residual: _____ mg/L

Ending Chlorine 2.20

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

Results**: _____

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

Additional Comments: _____

See Photos

Adam - Billy - Jimmy

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