

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7-10-13 Time: 10:00 Location: 451 Carroll Dr.

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):

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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: 6" 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) (YES)

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

Nature of Leak or Break:

leaking Blue Max

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

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: _____ Minutes

Residual: _____ mg/L

Ending Chlorine

2.20

Bacteriological Sample Collected: YES ___ NO ___

Results**: _____

(**Attach copy of results to record)

Date / Time Water Main Returned to Service: _____

_____ am / pm

Additional Comments:

Rev 01-21-09

See Photos
3 GPM leak

Adam
Jimmy
James, Ti

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