

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

COPY

Date: 1-24-14 Time: 3:00 Location: 490 Old Uly Rd

1-24-14

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):

Adam, T.J.
Jimmy

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: 2.12 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): 2:30 am pm

Nature of Leak or Break:

2.12 to leaking

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

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
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:

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