

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-2-12 Time: 2:30 Location: SIS Evergreen ST

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

## NEW LINE INSTALLATION:

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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: \_\_\_\_\_ 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: \_\_\_\_\_

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: 3 Minutes

Ending Chlorine

Residual: 2.20 mg/L

Bacteriological Sample Collected: YES \_\_\_ NO ✓

Results\*\*: \_\_\_\_\_

(\*\*Attach copy of results to record)

Date / Time Water Main Returned to Service: 10-2-12 - 2:30 3:30 am / pm

Additional Comments: \_\_\_\_\_

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