

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 5-4-11 Time: 2:00 p.m. Location: 517 Clinton St

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):

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: 1

Main Size: 6" cast 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:

replaced Galv service with copper

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

Replaced old Galv with new copper

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

Amount of Time Line Flushed: 2 Minutes Ending Chlorine 2.20
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: See Photos

Before 84 psi / 5 GPM

After 88 psi / 16 GPM

