FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-2-14 Time: ~3:00 P.m. Location: 546 W. Hills Dr.

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

COPY

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 CustomersAffected: 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)
[1]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) Replace with Pex
Detailed summary of repair procedure used (Use back of page if needed):

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

Amount of Time Line Flushed: 1 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: _____ _____ am / pm

Additional Comments: See Photos

Rev 01-21-09

Taylor
Adam
Billy

2 GPM Leak

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