

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-7-10 Time: 10:00 a.m. Location: 603 Walden Ave

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)

Date: 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

Water Size 8" 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)

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

Location of Leak or Break:

Replaced leaking service

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

Detailed summary of repair procedure used (Use back of page if needed): Replaced with cop

Was water main contaminated during the repair process? (YES / NO)

Disinfection Procedure / Calculations (Use back of page if needed): Flushed line

Amount of Time Line Flushed: 1 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: 20

am - pm

Additional Comments:

Adam-Kin-Billy

