

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 1-25-11 Time 6:00 p.m. Location 663 West Hills Dr

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)

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1-27-11

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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 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

Nature of Leak or Break

leaking plastic water service

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

Detailed summary of repair procedure used (Use back of page if needed)

Replaced with 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 ☐
(* Attach copy of results to record)

Results**

Date Time Water Main Returned to Service am pm

Additional Comments

See Photos

Adam - Tim - West - Reed - Taylor - Seff

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