

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-27-13 Time: 7:30 PM Location: 709 Basel Rd.

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: 3

Main Size: 2" PVC 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: _____

Top of pipe busted

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

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

Cleaned pipe & fittings & dug around pipe & below

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

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

Cleaned parts with bleach

Amount of Time Line Flushed: _____ Minutes
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ☐ NO ☐
(**Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

COPY