

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 8/3/10 Time 2:00 Location 709 Russell St JMO
 Please Circle Appropriate Action: New Line Installation Line Repair Service Line Bolt
Dennis

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 _____

Main Size 2" Gal 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 _____

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

Banded 2" Gal 3 Bolt Full Circle Bleached

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

Amount of Time Line Flushed _____ Minutes Ending Chlorine
 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 _____

