

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 2-10-14 Time: 2:00pm Location: 716 Chilhowee St

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

## NEW LINE INSTALLATION:

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Were State approved or AWWA Standards Followed: (YES / NO)  
Detailed summary of disinfection procedure used (Use back of page if needed): 2-12-14

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: 1" copper 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): NA am / pm

Nature of Leak or Break:

split in 3/4 plastic service line

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

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  
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:

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