

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-29-11 Time: 11Am Location: 721 Hassler Mill 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: 0

Main Size: 4" 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) YES

¹Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break:

Crack in pipe

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

Dug below & around pipe & cleaned area.

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

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

Cleaned pipe & material with Bleach

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:

COPY

8/31/11

Taylor
Bell
Reed

36 x 48

150

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