

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-6-10 Time: 1:00 Location: 730 Cumberland 3/4 service

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

Taylor, melton,
Crabtree

NEW LINE INSTALLATION:

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

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

COPY

Chlorine Residual Prior to Initial Flush: _____

Date / Time of Initial Flush: _____ Length of Time of Initial

Flush: _____ Chlorine Residual after Flush: _____

1-7-10
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Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES _____ NO ✓ Number of Customers Affected: 0

Main Size: _____ 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)

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

Nature of Leak or Break:

pin hole in 3/4 black plastic

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

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

Banded 3/4 service line

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:

