

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7/29/10 Time: 11:00/3:00 Location: 732 Unaka St.

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 1

Main Size: 4" Core 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:

Nut on Corporation leaking

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 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:

Replaced nut on corporation

