

## FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-19-14 Time: 1:00 PM Location: 783 Seed Tick 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: \_\_\_\_\_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) ☒

Time Water Main Valved Off (positive pressure removed): \_\_\_\_\_ am / pm

Nature of Leak or Break: Pinhole in copper serviceWere State approved or AWWA Standards Followed: (YES / NO) ☒Detailed summary of repair procedure used (Use back of page if needed): Banded leakWas water main contaminated during the repair process? (YES / NO) ☒Disinfection Procedure / Calculations (Use back of page if needed): Bleach BandAmount of Time Line Flushed: \_\_\_\_\_ Minutes  
Residual: \_\_\_\_\_ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES \_\_\_ NO ☒

Results\*\*: \_\_\_\_\_

(\*\*Attach copy of results to record)

Date / Time Water Main Returned to Service: \_\_\_\_\_ am / pm

Additional Comments: See Photos

Adam

Brett

Jimmy

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