

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-17-12 Time: 12 pm Location: 801 N. Reese St

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

NEW LINE INSTALLATION:

Taylor, Chuck Justin

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

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

COPY

11/19/12

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: 2" Poly 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): 11 am / pm

Nature of Leak or Break

Bad Fuse

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

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

dug below & around pipe & cleaned

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

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

cleaned with bleach & repaired main & ran water for 20 min.

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:

