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## FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-13-14 Time: 10:30 AM Location: 814 Riggs Chapel RdPlease Circle Appropriate Action: New Line Installation / Line Repair / Service Line

COPY

## 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: 0Main 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)

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

Nature of Leak or Break:

1" split in pipe

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

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

Cleaned pipe and placed Band over leakWas water main contaminated during the repair process? (YES / NO)

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

Amount 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:

Adam, Jimmy, T-J

