

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-15-10 Time: 11Am Location: 816 Swan Pond Circle

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

NEW LINE INSTALLATION:

COPY

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

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

1-19-10
J

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: 8" 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:

Bell leaking

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

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

Cleaned pipe + put bell repair clamp on main with bleach + clamp

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
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ____ NO ____
(**Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

