

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-11-12 Time: 4:00 p.m. Location: 905 Unkr 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):

**COPY**

12-13-12

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: 6" Trans 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) YES

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

Nature of Leak or Break: Rotted Saddle

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

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

and made new tap

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

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

Flushed line + saddle

Amount of Time Line Flushed: 1 Minutes

Ending Chlorine 2.20

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:

See Photos

Leak for 2 1/2 hrs

60+ GPM

Rev 01-21-09

Major Leak

Adam-Bull-Simmy

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