

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-13-13 Time: 10:45 Location: 945 Vicks St

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):

12-13-13

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: 0

Main Size: 1" copper 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: _____

pin hole in copper

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

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

Repair with Band

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

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

Black Band

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: _____

See Photos

5 GPM Leak

Adam
Brett
Tim

COPY