

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 8/22/11 Time: 1100 PM Location: 949 Unaka Street

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):

Reed  
Kim  
David

Chlorine Residual Prior to Initial Flush: \_\_\_\_\_  
Date / Time of Initial Flush: \_\_\_\_\_ Length of Time of Initial  
Flush: \_\_\_\_\_ Chlorine Residual after Flush: \_\_\_\_\_

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Water Supply (WS) Project Number: \_\_\_\_\_

36 x 36 x 600

**FOR LINE REPAIRS:**

Interruption of Water Service: YES \_\_\_\_ NO ☒ Number of Customers Affected 0

Main Size: 1" 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:

Pinhole in bottom 1" copper

Were State approved or AWWA Standards Followed: (YES) NO)  
Detailed summary of repair procedure used (Use back of page if needed):

Full Circle band

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

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

bleach band

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:

3.4 Gpm / min

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