layen willy irm, win

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

| | Date 7-26-10 Time: 9:30 Am Location: Hispart Rd Mile Marker # | | | | | | |
|---|---|--|--|--|--|--|--|
| | 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): | | | | | | |
| | Chlorine Residual Prior to Initial Flush: Date / Time of Initial Flush: Elush Chlorine Residual after Flush: Chlorine Residual after Flush: | | | | | | |
| | Water Supply (WS) Project Number: | | | | | | |
| | FOR LINE REPAIRS: | | | | | | |
| | Interruption of Water Service: YES NO Number of CustomersAffected: | | | | | | |
| | Main Size 6"Prc Repaired Under Pressure: YES NONO | | | | | | |
| | 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 Split in Pipe | | | | | | |
| Were State approved or AWWA Standards Followed: (YES) NO) Detailed summary of repair procedure used (Use back of page if needed): Clancel 1:1e & band & day (C" below & a sound p: pe | | | | | | | |
| Was water main contaminated during the repair process? (YES NO) Disinfection Procedure / Calculations (Use back of page if needed): Cleaned Parts + Material with bleach | | | | | | | |
| | Amount of Time Line Flushed: Minutes | | | | | | |
| | Bacteriological Sample Collected: YESNO Results** | | | | | | |
| | Date / Time Water Main Returned to Service: am / pm | | | | | | |
| | Additional Comments: | | | | | | |
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