ن	Date 17-12 Time: 11:00 arm Location: Acrost 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: Length of Time of Initial Plush: Chlorine Residual after Flush: Water Supply (WS) Project Number: FOR LINE REPAIRS:
ist E	Interruption of Water Service: YES NONumber of CustomersAffected: Name
)	Was positive pressure maintained while a trench was opened and area clearled? (YES / NO) Time Water Main Valved Off (positive pressure removed): am / pm Nature of Leak or Break Removed leaking Band
	Were State approved or AWWA Standards Followed: (YES / NO) Replaced Band Detailed summary of repair procedure used (Use back of page if needed):
	Was water main contaminated during the repair process? (YES (NO)) Beached Band Disinfection Procedure / Calculations (Use back of page if needed).
	Amount of Time Line Flushed: Minutes Ending Chlorine Residual: mg/L
	Bacteriological Sample Collected: YESNO Results**: (**Attach copy of results to record)
J	Date / Time Water Main Returned to Service: Additional Comments: See Photos Tuined values Off Lost houses on higher elevation Ponnic Taylor Bull Jimny

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