FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR Date: 5-14-14 Time: -2:30 Location: Airport Rd 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: Length of Time of Initial Date / Time of Initial Flush:____ 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" PUC Repaired Under Pressure: YES VNO____ For partially or fully de-watered mains: Was positive pressure maintained while a trench was opened and area cleaned? (YES / ¹Time Water Main Valved Off (positive pressure removed): _____ am / pm Nature of Leak or Break: SMELL COLLY in Main Bended leav Were State approved or AWWA Standards Followed: (YES) NO) Detailed summary of repair procedure used (Use back of page if needed):

Was water main contaminated during the repair process? (YES / NO) B (each Board Disinfection Procedure / Calculations (Use back of page if needed):

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:

Rev 01-21-09

Billy Taylor

