

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-7-10 Time 11:00 a.m. 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: _____
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

Main Size 6" PVC 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) (YES)

Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break

Fixed leak in top of 6" PVC

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

Repaired with band

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

Bleached 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:

