

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

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)

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

Bleached band

Amount of Time Line Flushed: _____ Minutes
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES _____ NO _____

Results** _____

(**Attach copy of results to record)

Date / Time Water Main Returned to Service: _____ am - pm

Additional Comments:

