

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-20-12 Time: 1:30 Location: Airport Rd

Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line

NEW LINE INSTALLATION:

COPY

Were State approved or AWWA Standards Followed: (YES / NO)

Detailed summary of disinfection procedure used (Use back of page if needed):

9/21/12 J

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" PUC 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: _____

Leaking Couplings

Were State approved or AWWA Standards Followed: (YES / NO) NO Removed couplings and
Detailed summary of repair procedure used (Use back of page if needed): Put Band over Joint

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

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

Ending Chlorine

Bacteriological Sample Collected: YES ___ NO ___
(**Attach copy of results to record)

Results**: _____

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

Additional Comments: See Photos

Adam
Billy
Bull
Brett
Donnie

COPY

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-20-12 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: _____
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)

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

Nature of Leak or Break:

Pinhole in main

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

Rev. 01-21-09

10 GPM Leak

Adam - Billy - But - Brett - Donnie

COPY

9/21/12

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FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-19-12 Time: 5:00pm 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):

COPY

9/21/12

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)

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

Nature of Leak or Break: _____

Split in main

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

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

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

Ending Chlorine

Bacteriological Sample Collected: YES _____ NO _____
(**Attach copy of results to record)

Results**: _____

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

Additional Comments: See Photos

Rev 01-21-09

Adam-Billy-Tim-West

COPY

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-18-12 Time: 9:00^{am} 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: 30' Split in main

Were State approved or AWWA Standards Followed: (YES / NO)

Detailed summary of repair procedure used (Use back of page if needed): Replaced pipe with Knock-on

Was water main contaminated during the repair process? (YES / NO) Bleached pipe and Knock-on
Disinfection Procedure / Calculations (Use back of page if needed):

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

Ending Chlorine

Bacteriological Sample Collected: YES ☐ NO ☐
(**Attach copy of results to record)

Results**: _____

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

Additional Comments: See Photos

Rev. 01-21-09

Positive Pressure on Both ends

B's Leak
Adam - West - Danie. Billy-Tin

COPY

9/21/12

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