

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-8-09 Time: 10:00 a.m. Location: A. Spolt Rd

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

NEW LINE INSTALLATION:

Service Line

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

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

COPY

Date / 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: _____ 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:

customer hit service line w/ truckhoe

Were State approved or AWWA Standards Followed: YES / NO

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

Repaired 4' section with comp union and curb stop

Was water main contaminated during the repair process? (YES / NO) NO

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

Amount of Time Line Flushed: 5 Minutes
Residual: _____ mg/L

Ending Chlorine 2.20

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

Results**: _____

Date / Time Water Main Returned to Service: _____ 20 _____ am / pm

Additional Comments:

GO sec to raise 6" 2' x 3' hole

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