## FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR Date: 9-12-11 Time: 3PM Location: Alley behind Jerry ancar 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: 21 Poly 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): 2:00 am /pm Nature of Leak or Break: Were State approved or AWWA Standards Followed: (YES) NO) Detailed summary of repair procedure used (Use back of page if needed): duy around & below line & Cleaned area Was water main contaminated during the repair process? (YES /NOD Disinfection Procedure / Calculations (Use back of page if needed): pleaned material + pipe with bleach + installed parts Amount of Time Line Flushed: Minutes **Ending Chlorine**

Date / Time Water Main Returned to Service: \_\_\_\_\_ am / pm

Additional Comments:

Bacteriological Sample Collected: YES\_\_\_ NO \_\_\_ Results\*\*:

Residual: mg/L

(\*\*Attach copy of results to record)

