

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10/1/11 Time: \_\_\_\_\_ Location: Barney Dickey's Field

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):

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: 2" 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) ☒ NO

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

Nature of Leak or Break:

Took out two 90° fittings and straight lined it.

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

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

Bleach was poured in the pipe.

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

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

Bleach

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: 10/1/11

3:00 am / pm

Additional Comments:

10/10/10