

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-27-10 Time: 3:30 Location: Baumgardner

Please Circle Appropriate Action: New Line Installation (Line Repair) Service Line

**COPY**

## 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: 0

Main Size: 2" galv. 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): N/A am / pm

Nature of Leak or Break:

Pin Hole in Side of Pipe

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

Bleached Band

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

Bleached Band Had 18" around pipe

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:



103