

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 5-5-10 Time _____ Location Baumgardner

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)

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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 15

Main Size 2" 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) 4:30 am (pm)

Nature of Leak or Break

Changed Cut-off Feeding 2" GAL (1" Cub stop)

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

Bleached All Items used

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: 10 Minutes
Residual 0.5 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

