

1 day 10, 10 min, 10 min

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-14-10 Time: 2:00 PM Location: Bazel RD.

Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line

COPY

1-14-10

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: ~~25~~ 0

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) (YES)
Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break: Inserted Valve

Were State approved or AWWA Standards Followed: (YES) / NO
Detailed summary of repair procedure used (Use back of page if needed):
Poured Bleach into both bands that were used and in both nipples.

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

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:

