

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7-4-13 Time: 8:00am Location: Birch St

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

COPY

7/9/13

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: ?

Main Size: 3" 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): _____ am / pm

Nature of Leak or Break

Corrosion hole in Galv. line

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

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

Cut out T in line and replaced — see back page →

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

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

Bleached Bands

Amount of Time Line Flushed: _____ Minutes
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ☐ NO ☐
(**Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: ~~12:30~~
7-4-13

12:30 am / (pm)

Additional Comments:

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