

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 4/2/10 Time: \_\_\_\_\_ Location: Brow RD..

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):

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: 6" 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:

Service line broke at coupling

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

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  
Residual: \_\_\_\_\_ 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:

West, Billy, Reed

Hole size

2x4

LW

COPY