

10/22/10

Time: 2:00pm

Location:

Byrd Ave

Please Circle Appropriate Action: NEW LINE INSTALLATION LINE REPAIR

**NEW LINE INSTALLATION:**

Taylor, Clark, Flora

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

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

Time of Initial Flush:

Chlorine Residual after Flush

Water supply (WS) Project Number

**FOR LINE REPAIRS:**

Approximation of Water Service: YES NO Number of Customers Affected

Repaired Under Pressure: YES NO

partially or fully de-watered mains

Was positive pressure maintained while a trench was opened and area cleaned? (YES / NO)

Water Main Valved Off (positive pressure removed): am pm

Leak or Break

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:  
Residual mg/L

Minutes

Ending Chlorine

Bacteriological Sample Collected: YES NO

Results\*\*

\*\*Attach copy of results to record)

Date Time Water Main Returned to Service

20

am pm

Additional Comments

