

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-17-10 Time: 2:30 a Location: Camp Austin Rd

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

**NEW LINE INSTALLATION:**

**COPY**

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

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

Date / 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: 8" 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: Replaced Cap

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

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

Replaced 8" Cap Bleached.

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: \_\_\_\_\_ 20 \_\_\_\_\_ am / pm

Additional Comments:

