

10/22/10

Time: 3:00 pm

Location: Off Capps Ln

Select Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

Taylor, Clark, Flora

NEW LINE INSTALLATION:

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

Repaired Under Pressure: YES NO

Was 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: 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 20 am pm

Additional Comments

