

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 2-3-11 Time: 10 Am Location: Christmas Pump Station

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR Service

NEW LINE INSTALLATION:

Taylor, Tim, Ball, Fitzhugh

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

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

COPY

Date - Time of Initial Flush: _____

Chlorine Residual after Flush: 2-4-11

Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES _____ NO _____ Number of Customers Affected: _____

Main Size: _____

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: _____

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 _____

Results**:

** Attach copy of results to record)

Date - Time Water Main Returned to Service: _____ 20 _____

am / pm

Additional Comments: _____

156 Pm > A+ tap
118 PSI

2 1/2 Gpm > A+ Station
38 PSI