

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 4-17-13 Time: 10:00 Location: Hillview Terrace Apts  
Cofer Ln

Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line

**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):

4-19-13  
J

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: 15

Main Size: 2" PUC 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: Changing Meter- Cut-off Blowed Off

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

Was water main contaminated during the repair process? (YES / NO) Bleached  
 Disinfection Procedure / Calculations (Use back of page if needed): Dresser

Amount of Time Line Flushed: 20 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: See Photos

Adam- Billy-James T.

COPY