

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 11-13-09 Time 1 PM Location Corner of Crescent & Devonia

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

## NEW LINE INSTALLATION:

*Everybody*

Were State approved or AWWA Standards Followed (YES / NO) **COPY**  
Detailed summary of disinfection procedure used (Use back of page if needed)

*11/16/09*

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

Main Size 10" CI Repaired Under Pressure YES NO *partially*

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

*Crack in water main.*

Were State approved or AWWA Standards Followed YES NO

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

*Put bleach on parts & cleaned parts & pipe & new valve  
& installed.*

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: am pm

Additional Comments

