

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-3-10

Time: 3PM

Location: Corner of Wablen & Trenton

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

## NEW LINE INSTALLATION:

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

Water Supply (WS) Project Number:

## FOR LINE REPAIRS:

Interruption of Water Service: YES NO Number of Customers Affected

Was 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

Location 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 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:

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