

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 11-25-09 Time 11Am Location Devonia St

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

**NEW LINE INSTALLATION:**

**COPY**

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

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

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 2" Galv. 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

Split in pipe

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

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

Clean pipe bleach 2' X 15' bend

Was water main contaminated during the repair process? (YES / NO) 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 am pm

Additional Comments