FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 9-1-10 Time 9:00 a.m. Location Devon's St

Indicate Appropriate Action: New Line Installation Line Repair Service Line

NEW LINE INSTALLATION:

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

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 Replaced section of service line

Were State approved or AWWA Standards Followed (YES) NO)
Detailed summary of repair procedure used (Use back of page if needed)
Replaced section of ~~copper~~ plastic w/ copper

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

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