

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7-26-14 Time: 4:00 PM Location: Ellis Bingham Rd.

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

NEW LINE INSTALLATION:

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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 Customers Affected: 8

Main Size: 6" 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): 3:00 am / pm

Nature of Leak or Break: 5' split in main

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

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

Cleaned around pipe + removed Damaged pipe; Cleaned pipe ends and installed 5' section with 2 knock on couplings

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

Disinfection Procedure / Calculations (Use back of page if needed): Cleaned + Bleached

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: 7-26-14 5:30 am / pm

Additional Comments:

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