

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-12-11 Time: 10:30 PM Location: Emory + Clinton

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

**COPY**

## NEW LINE INSTALLATION:

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

3-14-11

*[Signature]*

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: 4" cast 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:

hole in 4" main also split a little

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

Repaired with 30" band

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

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

Amount of Time Line Flushed: \_\_\_\_\_ Minutes  
Residual: \_\_\_\_\_ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES \_\_\_\_ NO \_\_\_\_  
(\*\*Attach copy of results to record)

Results\*\*: \_\_\_\_\_

Date / Time Water Main Returned to Service: \_\_\_\_\_ am / pm

Additional Comments:

See Photos

Rev 01-21-09

West - Jeff - Adam - Kim - Tim - Taylor

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