

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-1-09 Time: 8:00 A.M. Location: Emory St.

Please Circle 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):

COPY

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: 2

Main Size: 2 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): 11:00 am / pm

Nature of Leak or Break:

Fuse failed on 2 Poly

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

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

18" all around Pipe

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

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

bleached Pipe and Nipples and 90° and couplings

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: 9-1-09 1:30 am / pm

Additional Comments:

