

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-19-10 Time: 3:00 Location: Evergreen + medvie

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

NEW LINE INSTALLATION:

COPY

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

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

1-25-10  
8

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: 0

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)

<sup>1</sup>Time Water Main Valved Off (positive pressure removed): N/A am / pm

Nature of Leak or Break:

Break at coupling on 2" galv. main

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

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

Had 18" around pipe used 2" x 15" Band

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

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

Bleached Band cleaned pipe Had 18" around pipe

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:

Taylor, Bull, Fitzhugh

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CC