

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-17-11 Time: 4:00 Location: Evergreen

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): Taylor, Frank
Tr, Adam

Chlorine Residual Prior to Initial Flush: _____

Date / Time of Initial Flush: _____ Length of Time of Initial

Flush: _____ Chlorine Residual after Flush: _____

COPY

Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES ✓ NO Number of Customers Affected: 10

Main Size: 2" PVC 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:

City Hit water main

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

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

used bleach to clean line 10' section of pipe
1 knock on

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

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

used bleach to clean line

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: 3-17-11 5:00 am / pm (5)

Additional Comments:

