

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

COPY

Date: 3-19-10 Time: 10:00 am Location: Fiske Rd.

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

NEW LINE INSTALLATION:

Taylor, Bull,
Adams, Danvers

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: 20

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) YES

Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break: cut in valve on 6" & 4" PVC

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

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

Repaired with new valves held on by bands

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

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

Bleached pipe, bands, valves

Amount of Time Line Flushed: 2 hrs. 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:

COPY