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FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-1-14 Time: 10:00 AM Location: Ford Ave

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):

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 CustomersAffected: N/A

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)
[1]Time Water Main Valved Off (positive pressure removed): N/A am / pm

Nature of Leak or Break:
pin Hole

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

Was water main contaminated during the repair process? (YES / NO)
Disinfection Procedure / Calculations (Use back of page if needed):

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:

_____

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: _____ Time: _____ Location: _____

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)

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 CustomersAffected: ___

Main Size: _____ 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): _____ am / pm

Nature of Leak or Break:

_____

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

Was water main contaminated during the repair process? (YES / NO)
Disinfection Procedure / Calculations (Use back of page if needed):

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:

_____