

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 5/26/13 Time: 5:30 Location: Forrest Hills sub @ Paul Hendrick

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):

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: 10

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): 5:30 am / (pm)

Nature of Leak or Break:

2" Bell Split

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

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

Cut Bell out Replaced 18" pipe with Factory Bell & Knock-on Bleached Pipe & Knock-on

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

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

Amount of Time Line Flushed: 30 Minutes  
Residual: \_\_\_\_\_ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ☐ NO ☐  
(\*\*Attach copy of results to record)

Results\*\*: \_\_\_\_\_

Date / Time Water Main Returned to Service: \_\_\_\_\_ am / pm

Additional Comments:

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