

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-20-10 Time: 10:00 a.m. Location: Forest Hills Dr.

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

NEW LINE INSTALLATION:

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

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

Date: 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 _____

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

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

Nature of Leak or Break: _____

split in 2" PVC main

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

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

Repaired with band

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

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

Amount of Time Line Flushed: _____ Minutes
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES NO

Results**

**Attach copy of results to record)

Date: Time Water Main Returned to Service: _____ 20

am / pm

Additional Comments:

Been leaking a couple of days

See Photos

