

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 12-15-09 Time 5pm Location: Frost Hollow

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: _____

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Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES ☒ NO ☐ Number of Customers Affected 5

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): 1:00 am / pm pm

Nature of Leak or Break: _____

Were State approved or AWWA Standards Followed: YES / NO ☐

Detailed summary of repair procedure 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)

Cleaned Pipe And met with bleach

Amount of Time Line Flushed _____ 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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