

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 12-8-10 Time 12:00 Location Frost Hollow Rd

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 Customers Affected 3

Main Size 2" poly 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) 12:30 am / pm

Nature of Leak or Break

split in electric fuse on 2" poly

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)

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 _____

2:00 am / pm

Additional Comments

repaired 2" poly with electric coupling fused

