

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-19-11 Time: 8:30 a.m. Location: HMS Old Gym Alley

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

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):

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 6" cast 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: leaking old leaded gooseneck

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

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

Removed corporation and banded tap

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:

Sec Photos

Jeff - Taylor - Adam - Tim - Wendell - Reed

