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)
Onto Time of Initial Flush: Chlorine Residual after Flush
Water Supply (WS) Project Number:
FOR LINE REPAIRS:
No Number of Customers Affected
Nam Size L'' Cast. Repaired Under Pressure: YES V NO
For partially or fully de-watered mains:
Was positive pressure maintained while a trench was opened and area cleaned? (YES)
Water Main Valved Off (positive pressure removed): am pm
Crack in Pipe
Detailed summary of repair procedure used (Use back of page if needed): Detailed summary pipe 1 cleaned
Was water main contaminated during the repair process? (YES NO) Disintection Procedure / Calculations (Use back of page if needed): Cleaned parts + material with bleech
Amount of Time Line Flushed: Minutes Ending Chlorine Residual mg/L
Bacteriological Sample Collected: YES NO Results** "Attach copy of results to record)
Date: Time Water Main Returned to Service: 20 am pm
Additional Comments:

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Time: 11 Am Location: Hassle Mill + Rusten

1-20-11