

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-30-10 Time 2:00 p Location Russell St. & Hassler M. 4

Please Circle Appropriate Action: New Line Installation Line Repair Service Line

*Jeff  
Dawson  
Dennil*

**NEW LINE INSTALLATION:**

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

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

**COPY**

Chlorine Residual Prior to Initial Flush \_\_\_\_\_

Date / Time of Initial Flush \_\_\_\_\_ Length of Time of Initial

Flush \_\_\_\_\_ Chlorine Residual after Flush: \_\_\_\_\_

*3 X 3 =  
150*

Water Supply (WS) Project Number \_\_\_\_\_

**FOR LINE REPAIRS:**

Interruption of Water Service YES ☒ NO ☒ Number of Customers Affected \_\_\_\_\_

Main Size 2" GAL 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 \_\_\_\_\_

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

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

*2" GAL Split Banded Bleached Band*

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 \_\_\_\_\_  
(\*\*Attach copy of results to record)

Results\*\* \_\_\_\_\_

Date / Time Water Main Returned to Service \_\_\_\_\_ am / pm

Additional Comments \_\_\_\_\_

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