

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-12-10 Time: 10 Am Location: Hassler Mill & Russell St.

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):

COPY

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 2" 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: _____

Crack in pipe

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

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

Cut out section of main & installed valve in line
& killed out lower section going towards Pine Ridge Rd.

Was water main contaminated during the repair process? (YES / NO)

Disinfection Procedure / Calculations (Use back of page if needed):

Cleaned parts with bleach & put back in service.

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: _____ 20 _____ am / pm

Additional Comments:

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