

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-14-12 Time: 2:30 P.M. Location: Highland Dr

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

NEW LINE INSTALLATION:

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

Detailed summary of disinfection procedure used (Use back of page if needed): 3-15-12

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: 1

Main Size: 4" PUL 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) (YES)

Time Water Main Valved Off (positive pressure removed) _____ am / pm

Nature of Leak or Break: leaking Blue Max Service

Were State approved or AWWA Standards Followed: (YES / NO) (NO) Replaced with
Detailed summary of repair procedure used (Use back of page if needed): Copper

Was water main contaminated during the repair process? (YES / NO) (NO) Flushed line
Disinfection Procedure / Calculations (Use back of page if needed):

Amount of Time Line Flushed: 1 Minutes
Residual _____ mg/L

Ending Chlorine 2.20

Bacteriological Sample Collected: YES ☐ NO ☐
(**Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

See Photos

Adam - Billy - Donnie - Daniel

4 GPM Leak

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