

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-5-12 Time: 10:00 a.m. Location: Hillview Terrace

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):

1-6-12

*[Signature]*

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: 15

Main Size: 2" PVC 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: Removed 20' section so Street Dept could replace 30" tile

Were State approved or AWWA Standards Followed: (YES) / NO Replaced with new  
Detailed summary of repair procedure used (Use back of page if needed): pipe and knock-on

Was water main contaminated during the repair process? (YES / NO) Bleached / swabbed  
Disinfection Procedure / Calculations (Use back of page if needed): pipe & knock-on

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: See Photos

Line was leaking at  
Bell - Bad leak for  
2 weeks

Aden-Donnie-Bull

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