

Whole Crew

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-17-10 Time 2 Pm Location Honeycatt

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

NEW LINE INSTALLATION:

Were State approved or AWWA Standards Followed (YES / NO)
Detailed summary of disinfection procedure used (Use back of page if needed)

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 6" Trans Repaired Under Pressure YES ☒ NO ☐
Parallel

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) 2 Pm 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)

Cleaned pipe + material with bleach, dug below + cleaned out around pipe.

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

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

Cleaned pipe + material with bleach + put in service

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: _____ am / pm

Additional Comments:

