

Date: 11/22/10

Time: 11:00 a

Location: Honeysuckle Dr.

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

11/23/10g

Water Supply (WS) Project Number:

FOR LINE REPAIRS:

Interruption of Water Service: YES NO Number of Customers Affected:

Was Line Repaired Under Pressure: YES NO

Was partially or fully de-watered mains

Was positive pressure maintained while a trench was opened and area cleaned? (YES)

Was Water Main Valved Off (positive pressure removed): 11:00 am pm

Was there a Leak or Break?

Fixed End of line 2" PVC

on @ 12:00 p

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

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

Bleached All Parts

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

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

Amount of Time Line Flushed
Residual: mg/L

Minutes

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:

45