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FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 4-1-14 Time: 10:30 Location: Hwy 299 approx. 100yds East of Powers Rd
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: 0

Main Size: 6" 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)

¹Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break:

Pin hole in line

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

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

Cleaned Pipe, Bleached band & placed over leak

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

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

Amount of Time Line Flushed: _____ Minutes

Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ___ NO ___

Results^{**}: _____

(^{**}Attach copy of results to record)

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

Additional Comments:

440
FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 4-1-14 Time: 11:00 Location: Hwy 299 20' East of Powers Rd

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):

COPY

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: _____

Main Size: 6" 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)

¹Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break:

Pia hole in main

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

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

Cleaned pipe & Bleached band & placed over leak

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

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

Amount of Time Line Flushed: _____ Minutes

Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ____ NO ____

Results**: _____

(**Attach copy of results to record)

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

Additional Comments:

44

COPY

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FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 4-1-14 Time: 11:30 Location: Hwy 299 across from Marty Weiders' old house

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

NEW LINE INSTALLATION:

COPY

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: 0

Main Size: 6" 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)

¹Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break:

Pin hole in main

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

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

Cleaned pipe + Bleached band + placed band over leak

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

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

Amount of Time Line Flushed: _____ Minutes

Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ____ NO ____

Results**: _____

(**Attach copy of results to record)

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

Additional Comments:

COPY