

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-5-n Time: 10:30a Location: Hwy 259 Before Powers Rd
Ma

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

*Jeff, Billy
Bull, Reed
Weedell*

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 0

Main Size: 6" PV 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: _____

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

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

Dug below pipe, Bleached Band,

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 ___
 (**Attach copy of results to record)

Results**: _____

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

Additional Comments: _____

