

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-17-10 Time: 12:00pm Location: Intersection of Oakdale Park

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

## 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):

Date / 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: 25

Main Size: 8" 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): 7 am pm

Nature of Leak or Break: 8" cap blown off end of Line

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

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

Replaced 8" cap w/ mega Lug

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

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

Bleached cap  
Flushed Line

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: 20 am / pm

Additional Comments:

