

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-24-09 Time: 9:30 am Location: Jackson-McGill Sub

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: 0

Main Size: 2" 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) YES

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

Nature of Leak or Break:

Split in 2" PVC

Were State approved or AWWA Standards Followed: YES / NO

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

Repaired with 2" x 7 1/2" Full Circle Band

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

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

Bleached band

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:

3' x 6' hole 10 sec to raise 6"

