

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 6-9-10 Time 9:00 AM Location Jasper ST.

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).

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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: 1" copper 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): N/A am / pm

Nature of Leak or Break:

pin Hole's in copper

Were State approved or AWWA Standards Followed: (YES / NO) YES  
Detailed summary of repair procedure used (Use back of page if needed):

Bleached Rand's Had 18" around pipe

Was water main contaminated during the repair process? (YES / NO) NO  
Disinfection Procedure / Calculations (Use back of page if needed):

Amount of Time Line Flushed: \_\_\_\_\_ Minutes Ending Chlorine  
Residual: \_\_\_\_\_ mg/L

Bacteriological Sample Collected: YES \_\_\_\_ NO \_\_\_\_ Results\*\* \_\_\_\_\_  
(\*Attach copy of results to record)

Date / Time Water Main Returned to Service: \_\_\_\_\_ am / pm

Additional Comments:

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