

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-24-12 Time: 10:00 a.m. Location: Jasper Dr.

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): 9/25/12

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: 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): _____ am / pm

Nature of Leak or Break: 2 holes in main

Were State approved or AWWA Standards Followed: YES / NO) Repaired with Bands

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

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:

Rev 01-21-09

Good leaks
See Photos

Adam, Bull, Billy, Kim

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