

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-29-12 Time: 3:00 P.M. Location: Lizzie Duncan Rd

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):

COPY
10-29-12

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: 0

Main Size: 2" PVC 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:

leaking B.O.

Were State approved or AWWA Standards Followed: (YES / NO) Replaced Knock with
Detailed summary of repair procedure used (Use back of page if needed): 3-Bolt Dlesser and

nipple

Was water main contaminated during the repair process? (YES / NO) Bleached nipple, and dlesser
Disinfection Procedure / Calculations (Use back of page if needed): Flushed line

Amount of Time Line Flushed: 1 Minutes
Residual: _____ mg/L

Ending Chlorine 2.20

Bacteriological Sample Collected: YES ___ NO ___
(**Attach copy of results to record)

Results**: _____

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

Additional Comments:

See Photos

Adam - Jimmy - Justin

* Had positive pressure at all times
Throttled down valve