

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-10-10 Time: 8 Am Location: Malcolm St.

Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line

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3-11-10

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NEW LINE INSTALLATION:

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

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

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" Galv. 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:

Corrosion

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

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

put full circle repair clamp on 2" Galv. Main.

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

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

put bleach on band & cleaned pipe & put band on pipe.

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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