

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-8-12 Time: 8:00 a.m. Location: Maple & Oak St

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

**COPY**

**NEW LINE INSTALLATION:**

3-16-12

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) YES

Time Water Main Valved Off (positive pressure removed) \_\_\_\_\_ am / pm

Nature of Leak or Break:

Pinhole in 2" Galv

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

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

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: \_\_\_\_\_ am / pm

Additional Comments:

See Photos & Drawing

Adam, Billy, Bull - David

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# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-8-12 Time: 2:00 pm Location: Maple & Oak St

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

## NEW LINE INSTALLATION:

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

Detailed summary of disinfection procedure used (Use back of page if needed): 3-16-12  
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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: 2" PUC 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: Vacant service and tap leaking

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

Was water main contaminated during the repair process? (YES / NO) NO Tap  
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: \_\_\_\_\_ am / pm

Additional Comments:

See Photos & Drawing

Adam - Billy - Bull - Daniel

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