

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-1-10 Time: 10 PM Location: Mazraie & Washington

Please Circle Appropriate Action: NEW LINE INSTALLATION / SERVICE LINE REPAIR

## NEW LINE INSTALLATION:

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

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

Date 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 \_\_\_\_\_ 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: \_\_\_\_\_

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

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

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

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 \_\_\_\_\_

Results\*\* \_\_\_\_\_

(\*\* Attach copy of results to record)

Date Time Water Main Returned to Service: \_\_\_\_\_ 20 \_\_\_\_\_ am / pm

Additional Comments: \_\_\_\_\_

