

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7/28/10 Time 3:00 Location Margrave St.

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)

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 3" Transite 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)

15' Full Circle Banded Bleached Band

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 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

24 x 24

3 min
150 Sec

X 20 Days

West
Tim
Drew
Reed
Daniel

COPY

