

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-28-10 Time: 2:00pm 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):

bleached band

Chlorine Residual Prior to Initial Flush: \_\_\_\_\_  
Date / Time of Initial Flush: \_\_\_\_\_ Length of Time of Initial  
Flush: \_\_\_\_\_ Chlorine Residual after Flush: \_\_\_\_\_

**COPY**

Water Supply (WS) Project Number: \_\_\_\_\_

## FOR LINE REPAIRS:

Interruption of Water Service: YES \_\_\_ NO ✓ Number of Customers Affected: \_\_\_\_\_

Main Size: 4" trans 48" 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:

tapping saddle leaking, removed installed 4"x15" band

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

removed tap saddle and installed 4"x15" clamp

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

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

bleached clamp

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: 7-28-10 4:00 am / pm

Additional Comments:

