

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-1-10 Time 1:30 P.M. Location Morgan Clinton 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 1

Main Size 6" cast 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

Replaced leaking service

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

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

Replaced Galv. w/ copper

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

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

Flushed line

Amount of Time Line Flushed 2 Minutes
Residual _____ mg/L

Ending Chlorine 2.20

Bacteriological Sample Collected: YES ☐ NO ☐

Results** _____

(**Attach copy of results to record)

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments

