

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 5/13/13 Time: _____ Location: Morning Dr

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

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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: _____

Main Size: 1" Repaired Under Pressure: YES _____ NO X

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): 10:30 (am) pm

Nature of Leak or Break:

Leak in 1" plastic

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: 20 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: _____ 11 (am) pm

Additional Comments:

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