

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 6-23-10 Time _____ Location Marys Dr.

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

NEW LINE INSTALLATION:

COPY

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

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

6-25-10

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 10

Main Size 2" 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) 2:00 am (pm) Down Stream

Side Had

Pos. Pressure

Nature of Leak or Break

Changed Valve that was Broke

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

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

Bleached All Parts Nipples, Valve, & 3-Bolt Dresser

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:

