

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 6-28-13 Time: 10:00 AM Location: Morning Drive

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):

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7-1-13

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: NA

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): _____ am / pm

Nature of Leak or Break:

Corrosion hole

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

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

Bleached + Banded

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

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

Bleached Band

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: ~~6-28-13~~ 6-28-13 11:00 am / pm

Additional Comments:

Donnie/Jimmy/TJ

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