

61

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 5-17-14 Time: 5:30 A Location: Bottoms of OakdalePlease 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):

COPY

5/22/14 J

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: 20Main Size: 6" PVC 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) (YES)Time Water Main Valved Off (positive pressure removed): 6:00 am / pm

Nature of Leak or Break:

6" SplitWere State approved or AWWA Standards Followed: (YES) / NO

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

Replaced Full Joint of 6" PVCWas water main contaminated during the repair process? (YES / NO)

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

Bleached Pipe & Knock-out

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:

COPY