

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 11/29/09 Time 2:30 p.m. Location Old Harrison Hwy

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)

11/30/09

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 6" D.I.P. 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) _____ am _____ pm

Nature of Leak or Break

Split in Pipe

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

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

Clean pipe block 6" band

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