

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 6-13-11 Time: 3 PM Location: Old Hammon 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).

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: 8" Trans Repaired Under Pressure: YES ☒ NO ____ partial

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:

Leaking at bell

Were State approved or AWWA Standards Followed: (YES) / NO)
Detailed summary of repair procedure used (Use back of page if needed):

dug below & around pipe & cleaned with bleach

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

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

Cleaned pipe & material with bleach

Amount of Time Line Flushed: _____ 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: _____ am / pm

Additional Comments:

1956