

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-8-10

Time: 3pm

Location: Old Roane St. (Bill Goldings)

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

NEW LINE INSTALLATION:

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

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

Date: 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" P.C. Repaired Under Pressure: YES ☒ NO

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:

Crack in Pipe

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

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

Cleaned around pipe & below pipe

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

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

Put bleach on band & cleaned pipe.

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: 20

am pm

Additional Comments:

