

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

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Date: 11-19-14 Time: Location: Old Rose St.Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line*Killed out
old Tap.*

NEW LINE INSTALLATION:

Taylor, Davis, Jimmy

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 InitialFlush: Chlorine Residual after Flush: Water Supply (WS) Project Number:

FOR LINE REPAIRS:

Interruption of Water Service: YES NO Number of Customers Affected: Main Size: 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 / pmNature of Leak or Break:

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

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

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

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

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 / pmAdditional Comments:

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