

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-20-14 Time: 11:00 AM Location: Old Rogne StPlease Circle Appropriate Action: New Line Installation Line Repair / Service Line

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NEW LINE INSTALLATION:

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: 0Main Size: 3/4" Blue May 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 / pm

Nature of Leak or Break: Pin HoleWere State approved or AWWA Standards Followed: (YES) / NO

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

Cleaned pipe and placed band over leakWas water main contaminated during the repair process? (YES / 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: Taylor, Donnie, Billy, T.J.

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