

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-29-13 Time: 7:00 P.M. Location: Old Bone St / Kiny Dr.

Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line

NEW LINE INSTALLATION:

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

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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: 0

Main Size: 6" cast 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: 6" cast broken 2/3 into

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

Was water main contaminated during the repair process? (YES / NO) NO
Disinfection Procedure / Calculations (Use back of page if needed): Bleached Band

Amount of Time Line Flushed: _____ Minutes Ending Chlorine
Residual: _____ mg/L

Bacteriological Sample Collected: YES _____ NO _____ Results**: _____
(**Attach copy of results to record)

Major Leak

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

See Photos

Been leaking

4' x 6' Hole

4' Deep

3 sec to fill up

Rev 01-21-09

West

Donnie

Adam

Tim

F.H. running wide open 2 hrs

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