

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-11-14 Time: --- Location: 012 Roane St.

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

## NEW LINE INSTALLATION:

*Billy, Fitzhugh, Taylor, Tilson*

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

Detailed summary of disinfection procedure used (Use back of page if needed): *3/12/14*

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 ~~YES~~ NO Number of Customers Affected: 0

Main Size: 6" Repaired Under Pressure: YES 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: Service line break on 012 Tap.

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

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

*012 ~~Tap~~ Service line leaking. Turner Corp. off. and copper it.*

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

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:

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