

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-27-12 Time: 4:00 p.m. Location: Old Roane St

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

NEW LINE INSTALLATION:

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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):

8/28/12

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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: 8

Main Size: 2" PVC 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: Replaced busted 2" valve

Were State approved or AWWA Standards Followed: YES / NO

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

Replaced valve, nipple, 3-Bolt dresser

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

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

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: See Photos

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