

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-7-11

Time: 5 PM

Location: Old Valley Rd.

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

NEW LINE INSTALLATION:

COPY

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

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

1-11-10

J

Date: 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 12

Main Size 2"

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): 3 PM am pm

Nature of Leak or Break:

Tee blew off Main

Were State approved or AWWA Standards Followed: YES ☒ NO

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

We took out old parts & replaced with 6"x2" cap & hand piped with 90° bend & 3 bolt dresser to connect 2" PVC

Was water main contaminated during the repair process? YES ☒ NO

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

Cleaned parts & material with bleach & put back in Service

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: 1-7-11 5 am pm

Additional Comments:

