

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 6-6-13 Time: 10:00 Location: Powers loop

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):

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: _____

Main Size: 4" 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 holes in line

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

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

Placed 15" band to cover 3 pin holes on 1st leak /
Placed 7.5" band to cover 1 pin hole leak on 2nd leak

Was water main contaminated during the repair process? (YES / (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)

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

Additional Comments: See photos

Rev 01-21-09

Adam / Billy / Jimmy / T.J.

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