

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-24-09 Time: 3PM Location: Powers Rd.

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):

1-3-10 g

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: 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) _____

Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break

Crack in pipe

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

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

Cleaned pipe & band with bleach & put band on pipe

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

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

Cleaned pipe & band with bleach & put band on pipe

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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