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Rev 01-21-09

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

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| Date: 6-15-14 Time: Location: Poses Rd 6/19/10 |
| Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line |
| NEW LINE INSTALLATION: |
| 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: Length of Time of Initial Flush: Chlorine Residual after Flush: |
| Water Supply (WS) Project Number: |
| FOR LINE REPAIRS: |
| Interruption of Water Service: YES NONumber of CustomersAffected: |
| Main Size: 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) |
| Time Water Main Valved Off (positive pressure removed): am / pm |
| Nature of Leak or Break: |
| Were State approved or AWWA Standards Followed: (YES NO) Detailed summary of repair procedure used (Use back of page if needed): Clared Fire & day around to below pipe |
| Was water main contaminated during the repair process? (YES /NO) Disinfection Procedure / Calculations (Use back of page if needed): Cleaned fents & Modern Court black |
| 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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