

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7-26-16 Time 11:45Am Location Powers Rd.

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: _____

Date / Time of Initial Flush: _____ Length of Time of Initial

Flush: _____ Chlorine Residual after Flush: _____

COPY

Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES ___ NO ☒ Number of Customers Affected _____

Main Size: 6" 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: _____

Pin hole in Pipe

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

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

Bleached Band

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

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

Cleaned everything with Bleach

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:

