

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3/8/11 Time: 2:20 Location: Queen Street to Alley  
Please Circle Appropriate Action: New Line Installation (Line Repair) / Service Line Hospital

NEW LINE INSTALLATION:

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

Detailed summary of disinfection procedure used (Use back of page if needed): 3-10-11

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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" 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:

Hit 2" P.V.C. with pipe bar

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

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

Clean 2" P.V.C. used bleach on 2" band

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

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

Clean and bleach 2" band partially under pressure 12" under 2" P.V.C.

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: 3:10 \_\_\_\_\_ am / pm

Additional Comments:

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