

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

**COPY**

Date: 1-21-13 Time: \_\_\_\_\_ Location: Reynolds Rd.

1-22-13

Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line

Taylor, Donnie, Tim

## 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: \_\_\_\_\_

Water Supply (WS) Project Number: \_\_\_\_\_

## FOR LINE REPAIRS:

Interruption of Water Service: YES ☒ NO ☐ Number of Customers Affected: 2

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) YES

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

Nature of Leak or Break

Take out old FH.

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

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

Dug around & bobbed pipe

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

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

Cleaned parts & material with bleach.

Amount of Time Line Flushed: \_\_\_\_\_ Minutes  
Residual: \_\_\_\_\_ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ☐ NO ☐  
(\*\*Attach copy of results to record)

Results\*\*: \_\_\_\_\_

Date / Time Water Main Returned to Service: \_\_\_\_\_ am / pm

Additional Comments:

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