

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-2-13 Time: 10:45 Location: Riverton Rd **COPY**

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

1-4-13
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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: 0

Main Size: 2" Cast 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: hole in top of main

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

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

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: 15 GPM Leak

Rev. 01-21-09

Adam Bull-Billy-Donnie

See Photos

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