

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-6-10 Time: 10:00 a.m. Location: Russell St. **COPY**

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):

Donore, Adam
Ball

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" crst 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)

¹Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break:

Split in 2" crst

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

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

Repaired with 2 - Full Circle Bands

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

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

Bleached Band

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:

4' x 4' hole

20 sec. to raise 6"

