

10-24-10

Time: 12:30 PM

Location: Russell St.

Select Circle Appropriate Action: NEW LINE INSTALLATION LINE REPAIR**NEW LINE INSTALLATION:**

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

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

Time of Initial Flush:

Chlorine Residual after Flush

Water Supply (WS) Project Number

**FOR LINE REPAIRS:**Description of Water Service YES NO ☒ Number of Customers AffectedPipe Size: 6" Cast Repaired Under Pressure YES ☒ NOWas partially or fully de-watered mainsWas positive pressure maintained while a trench was opened and area cleaned? YES

Date:

Water Main Valved Off (positive pressure removed):

am pm

Cause of Leak or Break

Crack in Pipe

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

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

Dig 16" below &amp; around pipe &amp; cleaned area

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

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

We cleaned pipe & band with ~~bleach~~ bleach & put in service.

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

20

am pm

Additional Comments

