

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7/26/12 Time 9:00 AM Location Sexton's Auto

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)

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 \_\_\_\_\_

**COPY**

**FOR LINE REPAIRS:**

Interruption of Water Service YES \_\_\_\_\_ NO ☒ Number of Customers Affected \_\_\_\_\_

Main Size 2" GAL 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 \_\_\_\_\_

Were State approved or AWWA Standards Followed: (YES) / NO)  
Detailed summary of repair procedure used (Use back of page if needed):

Banded 2" Pin hole Bleached Band

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

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

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

12x24



10 MIN

