

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-18-12 Time: 12:00 PM Location: Snow Hill Rd.

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):

COPY

11/19/12

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: \_\_\_\_\_

Main Size: 6" 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): 11:30 am / pm

Nature of Leak or Break

Butt fuse leaking on 6" water main

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

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

Swabbed all parts with bleach

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

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

Amount of Time Line Flushed: 15 Minutes

Ending Chlorine

Residual 2.2 mg/L

Bacteriological Sample Collected: YES \_\_\_\_ NO ☒

Results\*\*:

(\*\*Attach copy of results to record)

Date / Time Water Main Returned to Service: 3:00 am / pm

Additional Comments:

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