

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-17-14 Time: -2:00 Location: Snow Ln

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: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES ☒ NO ☒ Number of Customers Affected: 25 +

Main Size: 4" PUC 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:

Bad couplings leaking

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

Cut out couplings

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

Replaced 3 ft w/ knock-ons

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

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

Bleach pipe & knock-ons

Amount of Time Line Flushed: 20 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: See Photos

Taylor
Adam Jimmy

