

27

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 4-17-14 Time: 3:00 ^{P.m.} Location: Snow LnPlease Circle Appropriate Action: New Line Installation / Line Repair / Service Line

NEW LINE INSTALLATION:

COPY

4/21/14

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: 0Main Size: 4" PVC 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) YES

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

Nature of Leak or Break:

Small split in bottom of mainWere State approved or AWWA Standards Followed: (YES / NO) YESDetailed summary of repair procedure used (Use back of page if needed): Banded LeakWas water main contaminated during the repair process? (YES / NO) NODisinfection Procedure / Calculations (Use back of page if needed): Bleach BandAmount of Time Line Flushed: _____ Minutes
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES _____ NO _____
(**Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

See PhotosAdam
Billy

Jimmy

COPY