

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7/23/10 Time: 9:30 Location: Triangle

Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line

COPY

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: 0

Main Size: 1" 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): None am / pm

Nature of Leak or Break

Pin hole

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

Was water main contaminated during the repair process? (YES) ~~(NO)~~
Disinfection Procedure / Calculations (Use back of page if needed):

Amount of Time Line Flushed: 0 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: 10:00 am / pm

Additional Comments:

Taylor, Donnie, Clark, Ledbetter

Y9.5