

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-2-11 Time: 11:00 - 3:00 P.M. Location: Tub Springs

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

NEW LINE INSTALLATION:

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

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H6-11
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Date / 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: 3

Main Size 2" 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): 1:00 am / pm

Nature of Leak or Break: Galv. Dresser

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):

Bleach was poured in 3 bolt coupling.

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: _____ 20 2:30 am / pm

Additional Comments:

