

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-2-11 Time: 11:00 - 3:00 P.M. Location: Tab 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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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\*\*:

Date / Time Water Main Returned to Service: 20 2:30 am/pm

Additional Comments:

