

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-25-10 Time: 3:30 p.m. Location: Tub Springs Rd

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

NEW LINE INSTALLATION:

COPY

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: \_\_\_\_\_

Main Size: 2" Galv 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: hole in side of 2" Galv Main

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

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

Repaired with Band

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

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

Bleached Band

Amount of Time Line Flushed: \_\_\_\_\_ 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:

2' x 4' hole

20 sec to raise 6 in.

COPY