

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-5-13 Time: 9:00 AM Location: Tub Springs

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

NEW LINE INSTALLATION:

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Were State approved or AWWA Standards Followed: (YES) NO)
Detailed summary of disinfection procedure used (Use back of page if needed): 8/8/13

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 in 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: _____

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: _____ 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: _____

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