

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7-5-13 Time: 4:00 Location: Tunnel Hill

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

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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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: 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): N/A 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):

Banded leak

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
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES ___ NO ___
(**Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

Donnie / Taylor / Adam / T.J.

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FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7-5-13 Time: 3:45 Location: Tunnel Hill Rd

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

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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: _____

Main Size: 2" PVC 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) YES

¹Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break: pin hole in main

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

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

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

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

Amount of Time Line Flushed: _____ Minutes
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES _____ NO _____
(**Attach copy of results to record)

Results**: _____

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments: See Photos

Adam Taylor Donnie T.J.

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7-12-78