

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 10-6-10 Time 4:00 PM Location TUNNEL DR Taylor, Billy, Dennis

Please select the 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)

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 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

