

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-17-09 Time: 12:00 ~~3:00~~ p.m. Location: Twin Bridge Rd

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)

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 1 \*

Main Size: 6" 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): 2 am pm

Nature of Leak or Break:

Contractor hit 6" D.I. 45° Bend

Were State approved or AWWA Standards Followed: (YES ☒ NO ☐

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

Cut out section with 45° and repaired with mechanical fittings

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

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

Bleached pipe and all fittings

Amount of Time Line Flushed: 45 Minutes  
Residual: \_\_\_\_\_ mg/L

Ending Chlorine 2.20

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

Results\*\*: \_\_\_\_\_

Date / Time Water Main Returned to Service: 12-17-09 3:30 am pm

Additional Comments:

\* 3 meters were affected but inactive

