

Date: 1-9-14 Time: 1 Location: Virginia & Chilhowee

NEW LINE INSTALLATION:

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

1-10-148

Flush: _____ Chlorine Residual after Flush: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES ☐ NO ☒ Number of Customers Affected: 0

Main Size: 8" 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)

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

Nature of Leak or Break:

Nature of Leak or Break: old Barb was leaking.

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

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

3. Cleaned and prepped pipe. Took old band off
Bleached ~~new~~ new band.

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

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

Poured Blood on Band. - Cleaned Pipe good.

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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