

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 2-8-11 Time: 10:00AM Location: Walker Rd

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

NEW LINE INSTALLATION:

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

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

COPY

Date: Time of Initial Flush: _____

Chlorine Residual after Flush 2-8-11

Water Supply (WS) Project Number: _____

FOR LINE REPAIRS:

Interruption of Water Service: YES _____ NO _____ Number of Customers Affected _____

Main Size: 1" Galv 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

Free Water Main Valved Off (positive pressure removed): _____ am _____ pm

Nature of Leak or Break: hole in bottom of 1" Galv

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

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

Repaired with band

Was water main contaminated during the repair process? (YES / 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: _____ 20 _____

am _____ pm _____

Additional Comments: _____

