

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-21-12 Time: 10:00 a.m. Location: Walnut St.

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: 0

Main Size: 1/2" 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)

Time Water Main Valved Off (positive pressure removed): \_\_\_\_\_ am / pm

Nature of Leak or Break

hole in 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: \_\_\_\_\_ am / pm

Additional Comments:

See Photos

West-Aden-Billy

COPY

11/21/12  
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