

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7/26/11 Time: 1:30 P.m. Location: Walnut Street

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)

COPY

7/27/11

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: None

Main Size: 2" 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:

Pin hole on 2" galv. pipe

Were State approved or AWWA Standards Followed: (YES) / NO)
Detailed summary of repair procedure used (Use back of page if needed):

bleach on band

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
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:

35,656

W-300
1-1-1