

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 11-29-12 Time: 12:00 Location: Walden St.

Please Circle Appropriate Action: New Line Installation / Line Repair / Service Line

## NEW LINE INSTALLATION:

**COPY**

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

Detailed summary of disinfection procedure used (Use back of page if needed): 11/30/12  
J

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: N/A

Main Size: 6 Inches 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:

Coupling Blowed out

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

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

Bleached Band Had 18" around Pipe

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:

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