FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR	
9-10-10 Time: 10:30 e.m. Location: Leaster PK	
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)	
Date 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	
Nam Size 3/4 210c Max Repaired Under Pressure: YES NO	
For partially or fully de-watered mains:	
Was positive pressure maintained while a trench was opened and area cleaned?	IYES
Time Water Main Valved Off (positive pressure removed): am / pm	
Split in 3/4 Blue Max	
We're State approved or AWWA Standards Followed: (YES / NO) Detailed summary of repair procedure used (Use back of page if needed): Repaired with Full Circle Red	
Was water main contaminated during the repair process? (YES NO) Distribution Procedure / Calculations (Use back of page if needed): Bleached Band	
Amount of Time Line Flushed: Minutes Ending Chlorine Residual mg/L	
Badteriological Sample Collected: YES NO Results** Attach copy of results to record)	
Date - Time Water Main Returned to Service: 20 am	pm

Additional Comments:

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