

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 5-30-10 Time _____ Location West Hills Cont

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)

6-2-10
9

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 6 NO _____ Number of Customers Affected _____

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) YES

Time Water Main Valved Off (positive pressure removed) 10:50 am pm

Nature of Leak or Break _____

Change Valve & Nipple

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

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

Bleached All Items

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 _____

Results** _____

(**Attach copy of results to record)

Date _____ Time Water Main Returned to Service _____ am / pm

Additional Comments _____

