## FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 1-18-11 Time 7:30 AM Location Wheels
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 /-1/8:45 Length of Time of Initial  Flush 5 mun. Chlorine Residual after Flush
Water Supply (WS) Project Number
FOR LINE REPAIRS:
Interruption of Water Service YES NO Number of CustomersAffected
Main Size 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
Were State approved or AWWA Standards Followed (YES NO) Detailed summary of repair procedure used (Use back of page if needed)
Was water main contaminated during the repair process? (YES/NO) Disinfection Procedure / Calculations (Use back of page if needed)
Amount of Time Line Flushed. 5 Minutes Ending Chlorine Residual mg/L
Bacteriological Sample Collected: YES NO Results**  Attach copy of results to record)
Date: Time Water Main Returned to Service: 1-18-11 8,45 am pm
Additional Comments leak on service line had pen hole leak put 3/4 circle clamps

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19