

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 8-25-10 Time: 9:00 a.m. Location: Woody St

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

NEW LINE INSTALLATION:

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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: 0

Main Size: 6" 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:

Replacing 2" wheel valve + piping

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

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

Changed out Galv piping + wheel valve with Brass + new valve

Was water main contaminated during the repair process? (YES) ☒ (NO) ☒ Flushed line

Disinfection Procedure / Calculations (Use back of page if needed):

Bleached nipples + valve

Amount of Time Line Flushed: 4 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: _____ 20 _____ am / pm

Additional Comments:

Throttled valve down then right back up.

Had hydrant at Grigsby St open

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