

# FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 7-2-13 Time: 3:30 Location: Young Rd.

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

## 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):

7-3-13

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: \_\_\_\_\_

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)

Time Water Main Valved Off (positive pressure removed): 3:45 am / pm

Nature of Leak or Break:

1 1/2" split in line

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

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

Used 2" band to stop leak

Was water main contaminated during the repair process? (YES / NO)

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

Bleached Band

Amount of Time Line Flushed: \_\_\_\_\_ 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: 7-2-13 4:00 am / pm

Additional Comments:

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