

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 4-2-14 Time: 9:00 AM Location: 123 Springfield Rd

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):

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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: 2

Main Size: 6" pvc 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): 12 am / pm

Nature of (Leak) or Break: _____

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: _____ 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: _____ am / pm

Additional Comments:

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