

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 11-15-10 Time 4:00pm Location 126 Ashley Wilde Dr

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)

Minimum 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 1

Main Size 1" 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

Blue man service line broke in half

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

