

12-6-10

Time: 8pm

Location: 202 Devon

Adam, Fitzhugh

Circle Appropriate Action: NEW LINE INSTALLATION Service LINE REPAIR

**NEW LINE INSTALLATION:**

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

Repaired Under Pressure: YES NO

Was partially or fully de-watered mains

Was positive pressure maintained while a trench was opened and area cleaned? (YES / NO)

Water Main Valved Off (positive pressure removed): am pm

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: 20 am pm

Additional Comments

