

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 12-4-12 Time: 10:30 Location: 213 Dewey St

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

NEW LINE INSTALLATION:

COPY

Were State approved or AWWA Standards Followed: (YES / NO)
Detailed summary of disinfection procedure used (Use back of page if needed):

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: 1

Main Size: 2" Galv 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) YES

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

Nature of Leak or Break:

leaking plastic service

Were State approved or AWWA Standards Followed (YES / NO) YES Replaced with
Detailed summary of repair procedure used (Use back of page if needed): Copper

Was water main contaminated during the repair process? (YES / NO) NO Flushed line
Disinfection Procedure / Calculations (Use back of page if needed):

Amount of Time Line Flushed: 2 Minutes Ending Chlorine 2.20
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: See Photos

Rev 01-21-09

Adam
Bull
Jimmy

8 GPM Before
13 GPM After

COPY