

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 6-16-10 Time: 11:00 a.m. Location: 3 Vinchda Ln

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):

COPY

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: _____ 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: Replaced leaking service

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

Replaced plastic with copper

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

Amount of Time Line Flushed: 30 sec 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:

3' x 3' hole
130 sec to raise 6"

