

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 7/26/10 Time 1:00 pm Location 406 LONG

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

JM
Danne
Reed
Bull
Daniel

NEW LINE INSTALLATION:

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 _____

24 x 48
8 MIN

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 ___

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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 _____

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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