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Date: 3-31-14 Time: 4:00 Location: 615 Old Roanoke St

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

NEW LINE INSTALLATION:

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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: 0

Main Size: 6" C.I. 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: 6" C.I. Snapped

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

Dug leak out Banded

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

Bleached Band Before BANDING line

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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