

Date: 1-20-11 Time: 3PM Location: 839 Raritan Rd. + 108 Reser

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR 2 checks

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

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:

Main Size: 2" Cast 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:
Crack in pipe.

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

Dug below pipe + cleaned area

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

Cleaned parts + material with bleach + installed.

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: