

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 2-11-10 Time: 10:45 a.m. Location: Beech 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): 2-17-10

g

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: 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: hole in bottom of 2" Galv

Were State approved or AWWA Standards Followed: (YES) NO

Detailed summary of repair procedure used (Use back of page if needed):

Repaired with Band

Was water main contaminated during the repair process? (YES / NO)

Disinfection Procedure / Calculations (Use back of page if needed):

Bleached Band

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:

18" x 24" hole

2min 30 sec to raise 6"

1950

