

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date 5-30-13 Time: 4:00 AM Location: Green Ridge Trail

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):

5031/13

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: 15

Main Size 6 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): 4:30 am / pm

Nature of Leak or Break

split in pipe

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

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

bleached pipe and knock on's

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
Residual: _____ mg/L

Ending Chlorine

Bacteriological Sample Collected: YES NO
(*Attach copy of results to record)

Results**:

Date / Time Water Main Returned to Service: _____ am / pm

Additional Comments:

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

RESEARCH REPORT

COPY

2/15

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT

RESEARCH REPORT