

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 10-9-13 Time: 3:30 Location: Margrave @ Park

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

**NEW LINE INSTALLATION:**

~~Star~~  
Everybody

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

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

COPY

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: 3

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) YES

Time Water Main Valved Off (positive pressure removed): 6:30 am / pm

Nature of Leak or Break: Hit 6" CI with Sewer line Busting Head

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

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

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

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

Bleached Parts & Swabbed - Pipe with Bleach

Amount of Time Line Flushed: 60 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:

