

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-20-12 Time: 2:30^{pm} Location: ~~8200th St~~ Blow-off at Mornings Dr.

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): 3-26-12

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: 3/4 copper 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: Replace leaking Blue Max

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

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

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:

COPY