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FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 1-27-14 Time: _____ Location: Power loop

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

NEW LINE INSTALLATION:

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

2-5-14

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: 4in 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)

¹Time Water Main Valved Off (positive pressure removed): _____ am / pm

Nature of Leak or Break:

pin hole in 4in PUC

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

4in band

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 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:

See photo's Adam, Jimmy, Billy

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