

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 9-29-11 Time: 2:30pm Location: S Highland Dr.

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

*Taylor, Clark, Road,
Donnie*

NEW LINE INSTALLATION:

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

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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: 2

Main Size: 2" Poly 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): 3:15 am / pm

Nature of Leak or Break: Fuse Breakdown

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

Dug below & around pipe & cleaned area

*(Blow off opposite
side of road)*

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

Cleaned material & parts with bleach & put in service

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:

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