

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Time: 2:00 P.M. Location: S. Walden @ Crown

Please Circle Appropriate Action: NEW LINE INSTALLATION / LINE REPAIR

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)

Initial Time of Initial Flush Chlorine Residual after Flush

Water Supply (WS) Project Number

FOR LINE REPAIRS:

Description of Water Service YES NO Number of Customers Affected

Material 2" PVC Repaired Under Pressure YES NO

Was partially or fully de-watered mains

Was positive pressure maintained while a trench was opened and area cleaned? (YES)

Water Main Valved Off (positive pressure removed): am pm

Location of Leak or Break Split

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

Bleach panel in Bend

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 20 am pm

Additional Comments

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