

FIELD DATA FOR NEW LINE INSTALLATION OR LINE REPAIR

Date: 3-19-12 Time: 10:05 Location: Scarbro Rd

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):

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: 4" cast 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: 4" cap on 4" cast

Were State approved or AWWA Standards Followed: (YES / NO) YES Replaced 4" cap  
Detailed summary of repair procedure used (Use back of page if needed): w/ 2" outlet  
& Brass Plug

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

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 Photos

Throttled valve down to 1/2 pipe

Adam - Billy - Bull - Daniel

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