

Utility Name _____ Utility ID _____ CDC Event ID _____

LOW PRESSURE EVENT FORM

1. Does this event affect at least 10 residential units? Yes (Please continue to question 2) No (This event is not eligible for study)

2. Date and time event reported:
____/____/____ :____ AM or PM
MM DD YY HR MIN (Circle)

3. Date and time repair crew arrived on site:
____/____/____ :____ AM or PM
MM DD YY HR MIN (Circle)

4. Date and time repair completed:
____/____/____ :____ AM or PM
MM DD YY HR MIN (Circle)

5. Location: _____
Street City State

6. Cross streets: _____

7. GPS coordinates: _____
Latitude Longitude

8. Main housing type:
 Single family homes Apartments/condos Mobile homes
 Other/mixed (Describe _____)

INFRASTRUCTURE INFORMATION

9. Diameter of pipe: _____ Inches

10. Age of the pipe: _____ Years

11. Depth of pipe? ____ Feet ____ Inches

12. Describe soil (e.g. sand, clay, dirt, rock backfill):

13. Origin of water (Name of water storage facility, well, or plant):

14. Pipe material (Check one):
 Asbestos Cement Cast iron Concrete Ductile Iron Galvanized
 HDPE PVC Steel Wood Don't know
 Other (Describe: _____)

15. Interior condition (1- Smooth → 5- Highly tuberculated): 1 2 3 4 5

Comments on condition of pipe: _____

EVENT INFORMATION

16. What type of event occurred?
 Planned main repair Main break Pump station outage Other maintenance activity (Describe _____)

17. Describe the reason for the cause of low pressure: (check all that apply):
 Water Hammer (Surge) Defective Pipe Deterioration Corrosion
 Excessive Operating Pressure Temp. Change Differential Settlement
 Contractor Main break Contractor Valve Shutoff Pumping Changes Accident
 Other (Describe: _____)

18. If main break, please describe the nature of the break:
 Circumferential Longitudinal Both circumferential and longitudinal Blowout Joint Sleeve
 Split at Corporation Other (Describe: _____)

EVENT IMPACT

19. Number of households affected by break/repair: _____

20. Was there a loss of household water service? Yes No 20a. Num. of households lost service: _____

20b. Date/time of lost service: ____/____/____ :____ AM or PM (Circle)
MM DD YY HR MIN

20c. Date/time service restored: ____/____/____ :____ AM or PM (Circle)
MM DD YY HR MIN

21. Were service branches tuned off? Yes No 21a. Num. of residential units out of service _____

21b. Date/time turned off: ____/____/____ :____ AM or PM (Circle)
MM DD YY HR MIN

21c. Date/time restored: ____/____/____ :____ AM or PM (Circle)

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WATER PRESSURE

22. Pressure reading during and after event:

Hose Bib	Approximate Pressure	Date	Time	Pressure after	Date	Time
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REPAIR PROCESS

24. What type of repair was conducted? Clamp repair Cut and replace section of pipe Replace or repair fitting
 Flush valve or backflow valve replacement Other (Describe: _____)

25. Was the pipe ever submerged in trench water while repairs were being made? Yes No

25a. What type of water was it? (e.g. rain, sewage, groundwater): _____

26. Describe precipitation while the main was being repaired. Heavy Rain Light Rain Snow or Sleet None

27. Are sewage or reclaimed water lines adjacent or in close proximity to the main being repaired? If yes, please specify the approximate distance (in feet) that separates the water main and the sewage or reclaimed water line:

<input type="checkbox"/> Sewage line present	<input type="checkbox"/> Reclaimed Water line present
Horiz. Dist. _____ Feet Vert. Dist. _____ Feet	Horiz. Dist. _____ Feet Vert. Dist. _____ Feet
Breaks, breaches, or leaks in line? <input type="checkbox"/> Yes <input type="checkbox"/> No	Breaks, breaches, or leaks in line? <input type="checkbox"/> Yes <input type="checkbox"/> No

28. Were replacement parts swabbed prior to being installed? Yes No N/A

29. Was the main flushed before being brought back into service? Yes No N/A

29a. Describe flushing process (e.g. estimated velocity and duration): _____

30. Was the main chlorinated before being brought back into service? Yes No N/A

30a. What was disinfectant residual of bulk water in the main before being brought into service? _____

31. Was a boil-water advisory (BWA) or notice administered as a result of this event? Yes No

31a. When was BWA issued? ____/____/____ time: ____:____ AM or PM
MM DD YR HR MIN (Circle)

31b. When was BWA lifted? ____/____/____ time: ____:____ AM or PM
MM DD YR HR MIN (Circle)

31c. How was the BWA communicated to the public? (check all that apply)
 Television Radio Phone calls Door hanger/leaflet E-mail

Other (Describe _____)

32. What is your assessment of the potential for contamination? Low Moderate High

Please elaborate on why you selected low, moderate, or high: _____

33. Do you have any other comments about the low pressure event or extent of BWA?

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WATER SAMPLE COLLECTION DATA SHEET

SAMPLE ID: _____ Date & Time: _____ Collected By: _____

Location of sample (address or GPS coordinates): _____

Pipe material at service connection: _____ Area: Affected Unaffected

Field water temperature: _____ °C Total or Residual chlorine (Circle): _____ mg/L

pH: _____ Conductivity: _____ μS/cm

Grab sample collected? Yes No Preserved w/ Sodium Thiosulfate? Yes No

Filtration meter start reading: _____ Filtration start time: _____

Filter 100 liters + 26.4 gallons = _____ Filtration end time: _____

Stop filtration meter reading: _____ Preserved w/ Sodium Thiosulfate? Yes No

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Location of sample (address or GPS coordinates): _____

Pipe material at service connection: _____ Area: Affected Unaffected

Field water temperature: _____ °C Total or Residual chlorine (Circle): _____ mg/L

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Stop filtration meter reading: _____ Preserved w/ Sodium Thiosulfate? Yes No

SIGNATURE:	PRINT NAME:	DATE:	TIME:	SAMPLE CONDITION:	
RELINQUISHED BY:				(FOR LAB USE ONLY)	
				Actual Temperature:	
RECEIVED BY:				Received On Ice	Y / N
RELINQUISHED BY:				Preserved	Y / N
RECEIVED BY:				Seals Present	Y / N
COMMENTS/FIELD OBSERVATIONS:				Container Intact	Y / N
				Preserved at Lab	Y / N
PLEASE SHIP SAMPLES ON ICE TO KEEP COLD DURING OVERNIGHT SHIPMENT					

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Filter 100 liters + 26.4 gallons = _____ Filtration end time: _____

Stop filtration meter reading: _____ Preserved w/ Sodium Thiosulfate? Yes No

SIGNATURE:	PRINT NAME:	DATE:	TIME:	SAMPLE CONDITION:	
RELINQUISHED BY:				(FOR LAB USE ONLY)	
				Actual Temperature:	
RECEIVED BY:				Received On Ice	Y / N
RELINQUISHED BY:				Preserved	Y / N
RECEIVED BY:				Seals Present	Y / N
COMMENTS/FIELD OBSERVATIONS:				Container Intact	Y / N
				Preserved at Lab	Y / N
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