

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)

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

Utility Name _____ Utility Event ID _____ CDC Event ID _____

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

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

Location of sample (address or GPS coordinates): _____

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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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RELINQUISHED BY:				Preserved	Y / N
RECEIVED BY:				Seals Present	Y / N
COMMENTS/FIELD OBSERVATIONS:				Container Intact	Y / N
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