Form Approved

Utility Name Utility	OMB No. 0920-XXXX Exp. Date xx/xx/20xX TID 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: //	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			
II	NFRASTRUCTURE 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:			
	EVENT INFORMATION			
16. What type of event occurred? Planned main repair Main break Pump station outage Other maintenance activity (Describe				
Split at Corporation Other (Describe:)				
19. Number of households affected by break/repair:				
ZIC. Date/ time restored:	/AM OF PM (CIFCIE)			

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;

Utility Name	Utility Event ID	CDC Event ID	_	
	WATER PRE	ESSURE		
22. Pressure reading during and after event:				
Hose Bib Approximate Pressure Date	Time	Pressure after Date	Time	
	REPAIR PR	OCESS		
24. What type of repair was conducted? Cla	ımp repair Cut aı	nd replace section of pipe Replace or re	epair fitting	
Flush valve or backflow valve replacement)	
25. Was the pipe ever submerged in trench wat				
25a. What type of water was it? (e.g. rain, sew				
26. Describe precipitation while the main was b			None	
27. Are sewage or reclaimed water lines adjace approximate distance (in feet) that separates the Sewage line present Horiz. Dist. Feet Vert. Dist. Breaks, breaches, or leaks in line? Yes	e water main and the se			
28. Were replacement parts swabbed prior to b	eing 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. estim	ated velocity and duration): _			
30. Was the main chlorinated before being broad	ught back into service?	Yes No N/A		
30a. What was disinfectant residual of l	oulk water in the main b	pefore being brought into service?		
31. Was a boil-water advisory (BWA) or notice a	administered as a result	t of this event? Yes No		
31a. When was BWA issued?/ time::AM or PM MM DD YR time::AM or PM BYR 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, mode	erate, or high:		_	
33. Do you have any other comments about the	e low pressure event or	extent of BWA?	- - - -	

Utility Name	Utility Event ID		_ CDC Evei	nt ID	
,	WATER SAMPLE COLL	ECTION DATA SI	HEET		
SAMPLE ID:	Date & Tim	e:	Collected	By:	
Location of sample (address or GPS co				•	
Pipe material at service connection: _					
Field water temperature:	°C	Total or Residual ch	lorine (Circle)	:	mg/L
				:	μS/cm
	Yes No	Preserved w/ Sodium			No
Filtration meter start reading:				:	
	+ 26.4 gallons =			:	
Stop filtration meter reading:					No
SAMPLE ID:					
Location of sample (address or GPS co					
Pipe material at service connection: _					
	°C_				mg/L
		rotar or Residual en		·	μS/cm
	Yes No	Preserved w/ Sodium			No
Filtration meter start reading:					
	+ 26.4 gallons =			·	
	-				No
Stop filtration meter reading: SAMPLE ID:					
Location of sample (address or GPS co			conected	ъу	
Pipe material at service connection:			Affected	Unaffected	
· Field water temperature:		<u>—</u>		:	mg/L
pH:		rotar of Residual Cit		· :	μS/cm
Grab sample collected?	Yes No	Preserved w/ Sodium			No No
Filtration meter start reading:					
-	+ 26.4 gallons =		tion end time		
Stop filtration meter reading:	20.4 gallons	Preserved w/ Sodium		Yes	No
SIGNATURE:	PRINT NAME:	DATE:	TIME:	SAMPLE CONDITION	N:
RELINQUISHED BY:				(FOR LAB USE ONLY	-
RECEIVED BY:				Actual Temperature Received On Ice	e: Y / N
NEGET ED D.I.				Received of fee	. ,
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 S	HIPMENT			

Utility Name	Utility Event ID		CDC Ever	nt ID	
WATER SAMPLE COLLECTION DATA SHEET					
SAMPLE ID:	Date & Tim	ne:	Collected	Ву:	
Location of sample (address or GPS co	ordinates):				
Pipe material at service connection: _		Area:A	affected	Unaffected	
Field water temperature:	°C	Total or Residual ch	lorine (Circle)	:	mg/L
pH: _			Conductivity	:	μS/cm
Grab sample collected?	Yes No	Preserved w/ Sodium	Thiosulfate?	Yes	No
Filtration meter start reading:		Filtrati	ion start time	:	
Filter 100 liters	+ 26.4 gallons =	Filtra	tion end time	:	
Stop filtration meter reading:	_	Preserved w/ Sodium	Thiosulfate?	Yes	No
SAMPLE ID:	Date & Tim	ne:	Collected	Ву:	
Location of sample (address or GPS co	ordinates):				
Pipe material at service connection: _		Area: A	ffected	Unaffected	
Field water temperature:		Total or Residual chl	lorine (Circle)	:	mg/L
			Conductivity	:	μS/cm
Grab sample collected?	Yes No	Preserved w/ Sodium	Thiosulfate?	Yes	No
Filtration meter start reading:		Filtrati	ion start time	:	
Filter 100 liters	+ 26.4 gallons =	Filtra	tion end time	:	
Stop filtration meter reading:		Preserved w/ Sodium	Thiosulfate?	Yes	No
	Date & Time:Collected By:				
Location of sample (address or GPS co	ordinates):				
Pipe material at service connection:		Area: A	affected	Unaffected	
Field water temperature:	°C	Total or Residual chl	lorine (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	ers + 26.4 gallons = Filtration end time:				
Stop filtration meter reading:		Preserved w/ Sodium	1	Yes	No
SIGNATURE: RELINQUISHED BY:	PRINT NAME:	DATE:	TIME:	SAMPLE CONDITIO	
•				Actual Temperatur	-
RECEIVED BY:				Received On Ice	Y / N
RELINQUISHED BY:				Preserved	Y / N
RECEIVED BY:				Seals Present	Y / N
COMMENTS/FIELD OBSERVATIONS:		I	1	Container Intact	Y / N
				Preserved at Lab	Y / N
PLEASE SHIP SAMPLES ON ICE TO KEEP	COLD DURING OVERNIGHT S	HIPMENT			

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