|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. Briefly describe what happened during the event** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **3.** **Response** ⃝ Planned ⃝ Emergency  c | | | | **3a. When was emergency reported?** Date \_\_\_\_\_\_\_\_Time \_\_\_\_\_\_\_\_\_\_\_ | |
| **4. Event type** | | | | **4a. What type of break?** (mark all that apply) | |
| ⃝ Main break (answer 4a and 4b)  c**20a. What type of water?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | ⃝ Circumferential | ⃝ Joint |
| ⃝ Planned repair | | | | ⃝ Longitudinal | ⃝ Split at Corporation |
| ⃝ Supply disruption (describe below) | | | | ⃝ Blowout | ⃝ Sleeve |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **⃝** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ⃝ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **5. When did repair/maintenance crew arrive on site?** | | | | **4b. What factors contributed to the break?** (mark all that apply) | |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | ⃝ Defective part | ⃝ Deterioration |
| **6. When was repair/maintenance completed?** | | | | ⃝ Corrosion | ⃝ Excessive operating pressure |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | ⃝ Pumping changes | ⃝ Water hammer (surge) |
| **7. Main housing type in affected area** | | | | ⃝ Vehicle accident | ⃝ Contractor main break |
| ⃝ Single family homes (detached) | | | | ⃝ Differential settlement | ⃝ Temperature change |
| ⃝Duplexes/townhomes (attached) | | | | **⃝** Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ⃝Apartments/condos | | | | **8. Location of work site** (address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ⃝ Mobile homes | | | | (cross streets)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ⃝ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | (GPS coordinates) (Lat.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Long.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **INFRASTRUCTURE AND WATER INFORMATION** | | | | | |
| **9. Pipe diameter** \_\_\_\_\_\_\_\_\_\_\_ Inches | | | **13. Soil type** (for example, sand, clay, rock backfill)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **10. Pipe age** \_\_\_\_\_\_\_\_\_\_\_ Years | | | **14. Pipe interior** | | |
| **11. Pipe depth** \_\_\_\_\_Feet \_\_\_Inches | | | **14a. Tuberculation**  1 2 3 4 5 | | |
| **12. Pipe material** |  |  | (smooth) (highly tuberculated) | | |
| ⃝ PVC | ⃝ Concrete | ⃝ Asbestos Cement | **14b. Describe sediment or biofilm**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ⃝ Ductile Iron | ⃝ Cast iron | ⃝ Wood | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| ⃝ Galvanized | ⃝ HDPE | ⃝ Steel | **15. Source water type ⃝** Surface water ⃝ Groundwater ⃝ Mixed | | |
| ⃝ Don’t know | ⃝ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **16. Name of water storage facility, well, or plant serving area** | | |
|  | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **WATER PRESSURE** | | | | | | | | | |
| **17. How was low pressure verified?** ⃝ Pressure readings ⃝ Verified at hose bibs (ground-level) ⃝ Customer complaint  ⃝ Assumed (describe why) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **18. Pressure readings** | | | | | | | | | |
| **Suggested reading locations** | **Location of reading**  **(cross-streets, address, GPS coordinates)** | | **Pressure during event (psi)** | | | **Date and time** | | **Pressure after cleanup (psi)** | **Date and time** |
| **Near break/repair** |  | |  | | |  | |  |  |
| **Upstream** |  | |  | | |  | |  |  |
| **Downstream** |  | |  | | |  | |  |  |
| **REPAIR INFORMATION** | | | | | | | | | |
| **19. Was the repair site valved off?** ⃝ No ⃝ Completely valved off ⃝ Partially valved off | | | | | | | | | |
| **20. What repair or maintenance activities occurred?** (mark all that apply)⃝ Repair existing main ⃝ Replace existing main | | | | | | | | | |
| ⃝ Add new pipes to distribution system ⃝ Fix cross-connection ⃝ Exercise valves ⃝ Flush Hydrant | | | | | | | | | |
| ⃝ Cut open main for reasons other than pipe work (for example, install valve) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| ⃝ Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **21. What type of repair was conducted?** ⃝ Clamp repair ⃝ Cut and replace section of pipe ⃝ Replace or repair fitting | | | | | | | | | |
| ⃝ Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **22. Was the pipe ever submerged in trench water?** ⃝ No ⃝ Yes  c**20a. What type of water?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **22a. Describe water** (rain, sewage, leakage from system) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **23. Describe precipitation while the main was being repaired** ⃝ Heavy Rain⃝ Light Rain ⃝ Snow or Sleet ⃝ None | | | | | | | | | |
| **24. Were any sewage lines near the main being repaired?** ⃝ No ⃝ Yes  c**20a. What type of water?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **24a. Describe location, breaches, leaks** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **25. Were any reclaimed water lines near the main being repaired?** ⃝ No ⃝ Yes  c**20a. What type of water?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | **25a. Describe location, breaches, leaks** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **26. Were replacement parts swabbed prior to being installed?** ⃝ Yes ⃝ No ⃝ N/A | | | | | | | | | |
| **27. Was the main flushed before being brought back into service?** ⃝ Yes ⃝ No ⃝ N/A | | | | | | | | | |
| **27a**. **Describe flushing process** (for example, estimated velocity and duration) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **28. Was the main chlorinated before being brought back into service?** ⃝ Yes ⃝ No ⃝ N/A | | | | | | | | | |
| **28a. Chlorination method and dose?** (slug dose, swabbing, 100 mg/L, 25 mg/L) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **28b.** **Disinfectant residual of bulk water in the main before being brought into service?** \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **EVENT IMPACT** | | | | | | | | | |
| **29. Number of households that experienced low pressure** \_\_\_\_\_\_\_ **29a. Duration of low pressure** \_\_\_\_\_\_ **hrs.** \_\_\_\_\_\_ **min.** | | | | | | | | | |
| **30. Was there a loss of household water service?**⃝ No ⃝ Yes  c**20a. What type of water?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **30a. Num. of households lost service** \_\_\_\_\_\_\_\_\_\_ | | | | | | |
| (include total time of loss of service, before and after area valved off) | | | **30b. Duration of lost service** \_\_\_\_\_\_ **hrs.** \_\_\_\_\_\_ **min.** | | | | | | |
| **31. Was service to homes turned off?** ⃝ No ⃝ Yes  c**20a. What type of water?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **31a. Main lines closed?** ⃝ **Service branches to homes closed?**  ⃝ | | | | | | | |
| **31b**. **Num. of households out of service**\_\_\_\_\_\_\_\_\_\_ | | **31c. Duration of shutoff** \_\_\_\_\_\_ **hrs.** \_\_\_\_\_\_ **min.** | | | | | | | |
| **32. Was a boil-water advisory (BWA) or notice administered as a result of this event?** ⃝ Yes ⃝ No | | | | | | | | | |
| **33. Based on your observations, do you think there was any potential for contamination?**  ⃝ Yes ⃝ No ⃝ Unsure | | | | | | | | | |
| **33a. Please explain why you selected yes, no, or unsure**:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| **34. Do you have any other comments about the low pressure event?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

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**SAMPLE ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date & Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Collected By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WATER SAMPLE COLLECTION DATA SHEET**

Location of sample (address or GPS coordinates): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe material at service connection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area: Affected Unaffected

|  |  |  |  |
| --- | --- | --- | --- |
| Field water temperature: | oC | Chlorine residual (total or free) (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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe material at service connection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area: Affected Unaffected

|  |  |  |  |
| --- | --- | --- | --- |
| Field water temperature: | oC | Chlorine residual (total or free) (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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe material at service connection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area: Affected Unaffected

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Field water temperature: | oC | | Chlorine residual (total or free) (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 | |
| 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:    PLEASE SHIP SAMPLES ON ICE TO KEEP COLD DURING OVERNIGHT SHIPMENT | | | | | | | Container Intact | | Y / N | |
|  | |  | |
| Preserved at Lab | | Y / N | |
|  | |  | |

**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: | oC | Chlorine residual (total or free) (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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe material at service connection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area: Affected Unaffected

|  |  |  |  |
| --- | --- | --- | --- |
| Field water temperature: | oC | Chlorine residual (total or free) (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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pipe material at service connection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area: Affected Unaffected

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Field water temperature: | oC | | Chlorine residual (total or free) (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 | |
| 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:    PLEASE SHIP SAMPLES ON ICE TO KEEP COLD DURING OVERNIGHT SHIPMENT | | | | | | | Container Intact | | Y / N | |
|  | |  | |
| Preserved at Lab | | Y / N | |
|  | |  | |