

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. Briefly describe what happened during the event

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Response  Planned  Emergency

3a. When was emergency reported? Date \_\_\_\_\_ Time \_\_\_\_\_

4. Event type

- Main break (answer 4a and 4b)
- Planned repair
- Supply disruption (describe below)
- \_\_\_\_\_
- Other \_\_\_\_\_

4a. What type of break? (mark all that apply)

- Circumferential  Joint
- Longitudinal  Split at Corporation
- Blowout  Sleeve
- Other \_\_\_\_\_

5. When did repair/maintenance crew arrive on site?

Date \_\_\_\_\_ Time \_\_\_\_\_

4b. What factors contributed to the break? (mark all that apply)

- Defective part  Deterioration
- Corrosion  Excessive operating pressure
- Pumping changes  Water hammer (surge)
- Vehicle accident  Contractor main break
- Differential settlement  Temperature change
- Other \_\_\_\_\_

6. When was repair/maintenance completed?

Date \_\_\_\_\_ Time \_\_\_\_\_

7. Main housing type in affected area

- Single family homes (detached)
- Duplexes/townhomes (attached)
- Apartments/condos
- Mobile homes
- Other \_\_\_\_\_

8. Location of work site (address) \_\_\_\_\_

(cross streets) \_\_\_\_\_

(GPS coordinates) (Lat.) \_\_\_\_\_ (Long.) \_\_\_\_\_

**INFRASTRUCTURE AND WATER INFORMATION**

9. Pipe diameter \_\_\_\_\_ Inches

10. Pipe age \_\_\_\_\_ Years

11. Pipe depth \_\_\_\_\_ Feet \_\_\_\_\_ Inches

12. Pipe material

- PVC  Concrete  Asbestos Cement
- Ductile Iron  Cast iron  Wood
- Galvanized  HDPE  Steel
- Don't know

13. Soil type (for example, sand, clay, rock backfill) \_\_\_\_\_

14. Pipe interior

14a. Tuberculation 1 2 3 4 5  
(smooth) (highly tuberculated)

14b. Describe sediment or biofilm \_\_\_\_\_  
\_\_\_\_\_

15. Source water type  Surface water  Groundwater  Mixed

16. Name of water storage facility, well, or plant serving area

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 (0920-0960).

<b>Utility Name</b> _____	<b>Utility ID</b> _____	<b>CDC Event ID</b> _____
Other _____		

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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 → 22a. Describe water (rain, sewage, leakage from system) \_\_\_\_\_

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

24. Were any sewage lines near the main being repaired?  No  Yes → 24a. Describe location, breaches, leaks \_\_\_\_\_

25. Were any reclaimed water lines near the main being repaired?  No  Yes → 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 → 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 → 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? \_\_\_\_\_

**WATER SAMPLE COLLECTION DATA SHEET**

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

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

Field water temperature: \_\_\_\_\_ °C 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: \_\_\_\_\_ °C Chlorine residual (total or free) (Circle): \_\_\_\_\_ mg/L

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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

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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:				Container Intact	Y / N
				Preserved at Lab	Y / N

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**PLEASE CHILL SAMPLES ON ICE TO KEEP COLD DURING OVERNIGHT SHIPMENT**

**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 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: \_\_\_\_\_ °C 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: \_\_\_\_\_ °C 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)
RECEIVED BY:				Actual Temperature:
RELINQUISHED BY:				Received On Ice    Y / N
RECEIVED BY:				Preserved            Y / N
COMMENTS/FIELD OBSERVATIONS:				Seals Present        Y / N
				Container Intact    Y / N
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PLEASE SHIP SAMPLES ON ICE TO KEEP COLD DURING OVERNIGHT SHIPMENT		
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