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| **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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **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 ⃝ Yesc**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 ⃝ Yesc**20a. What type of water?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **24a. Describe location, breaches, leaks** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **25. Were any reclaimed water lines near the main being repaired?** ⃝ No ⃝ Yesc**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?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



