### TRANSMITTAL COVER LETTER

**To:** Nick Fallara, EIT

CNFallara@columbus.gov

614-645-1580 (Direct) or 614-645-7677 (Distribution Engineering Office)

City of Columbus Division of Water Water Distribution Engineering

910 Dublin Road, Columbus, OH 43215, 2<sup>nd</sup> Floor

Date: X-XX-XX

Re: Chlorination Request – XXXXX Water Line Improvements

From: Name

Inspection Agency or Contract Community (if in-house inspection): XXXXXXXXXXXX

Address: XXXXXXX Phone Number: XXX-XXXX

\*It is preferred that all items in the chlorination request submittal, with the exception of the 3 hard copy sets of redlined as-built plans, be submitted electronically via email\*

#### \*Items Included in Submittal:

- Chlorination Request Summary Sheet. Please clearly indicate any locations where PVC piping was installed in the table.
- Electronic (PDF) Copy of REDLINED as-built plans (markups in red) that include Signed Title Sheet.
- Pressure Testing Reports
- Survey123 Water Service Reports
- As-Built Survey Coordinates (Microsoft Excel format)
- PDF of recorded easement/plat (if applicable)
- Inspection Report noting pigging operations (date and station limits) for 12" or larger mains (if applicable)
- Continuity Testing report for 20" or larger mains (if applicable) or Tracer Wire for PVC water mains

## **CHLORINATION REQUEST SUMMARY SHEET**

**Project Name: XXXXXXX Water Line Improvements** 

## **Contact Information**

Contact Information	Name	Address	Phone	E-mail
Inspector				
Contractor				

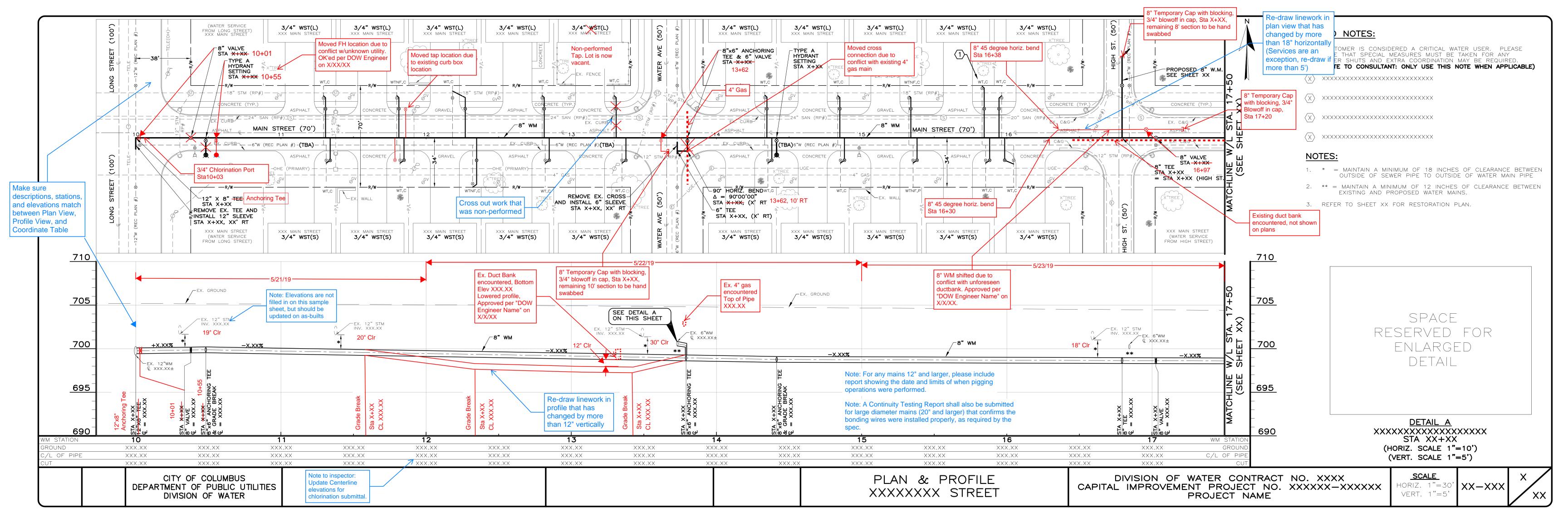
## **Water Mains requested for Chlorination**

Segment	Primary Street	Pipe Diameter (inches)	<mark>Pipe</mark> Material	Length (ft)	Start Station*	Nearest Intersection	Distance from	End station*	Nearest Intersection	Distance from
1	Main Street	8"	Ductile	720′	10+00	Long Street	N/A	17+20	High Street	25' E
2	Water Ave	8"	PVC	15′	13+62	Main Street	N/A	N/A	Main Street	N/A
3	High Street	8"	Ductile	56'	16+80	Main Street	N/A	16+80, 56' LT	Main Street	20' N
4										
5										
6										
7										
8										
9										
10										
11										

<sup>\*</sup>Please make sure to use water main stationing for all data (in lieu of roadway stationing). If no water main stationing is available, roadway stationing is permitted.

# **CHLORINATION REQUEST SUBMITTAL CHECKLIST**

TRANS	SMITTAL COVER LETTER & CHLORINATION REQUEST SUMMARY SHEET (INCLUDING ALL ITEMS LISTED BELOW)					
	Project Name and Name, Address, Email Address, and Phone Number of Contractor & Inspector.					
	Size and length of each water main to chlorinated					
	Beginning and ending station of each water main to be chlorinated					
	Distance of beginning and end of water main from nearest intersection or other reference point					
PRESS	URE TEST REPORTS					
	Initial and Final Pressure (including in-line valves)					
	Length and size of pipe section tested (including in-line valves). Each valved section must be tested.					
	Leakage (in gallons) for each tested section					
	Duration of test (minimum of 2 hours as per spec)					
RECOF	RDED PLATS/EASEMENTS, IF APPLICABLE					
AS-BU	S-BUILT PLANS					
	PDF Copy of Redline Asbuilts. Submittal must include <b>SIGNED title sheet</b> and any sheets that have as-built information. No shading or highlighting on red-lined submittals.					
	Update all descriptions, stations, and centerline elevations of fittings in plan and profile. Must match as-built survey coordinate table. Show clearly if PVC used (If applicable).					
	Re-draw linework that has changed by more than 18-inches horizontally (plan) or 12-inches vertically (profile)					
	Show temporary caps, blowoffs, and chlorination ports in <b>plan</b> view. Include sizes and station in labels.					
	Indicate sections and their lengths that are to be hand swabbed (cannot exceed 20 feet in length)					
	Indicate any work that was non-performed by labeling as such					
AS-BU	-BUILT SURVEY COORDINATES					
	One (1) electronic (Microsoft Excel format) copy of table of Survey Coordinates with stations, sizes and centerline elevations with descriptions for all appurtenances including horizontal deflections and every 200' where no fitting or other water main structure is being installed within that length of improvement. (The Inspector is responsible to verify that all coordinates are included per the "Survey Coordinates" note.) Coordinates must be sent via e-mail.					
WATE	R SERVICE REPORTS, REPORT FOR PIGGING OPERATIONS, CONTINUITY TESTING (IF APPLICABLE).					
	Water Service Reports to be done in Survey123. <a href="https://survey123.arcgis.com/surveys">https://survey123.arcgis.com/surveys</a>					
	Inspection Report for Pigging Operations on water main 12" and larger (if applicable)					
	Continuity Testing Report for Large Diameter Mains, or Tracer Wire (if applicable)					



#### **City of Columbus - Division of Water Water Main Pressure Test Report** Job Name: Main Street Water Line Improvements Date: X-XX-XX Project No: XX-XXX Contractor: XXXXXXXXXXX Section Tested: Section A, Section B, Section C Contract No. XXXX Main Street from anchor tee and valve to end cap, including all hydrant foot valves (Section A). Water Ave (Section B) and High St (Section C) side street connections included to end caps. **Section Description: Allowable Leakage Calculations** Note: Stationing shown shall be as-built water main stationing **Section B** Section C Section D Section A 10+01 to 17+20 Location 13+62 16+80 XXXX Length of Pipe (Feet) 719 15 56 XXXX Nominal Pipe Diameter (Inches) 8 8 8 XXXX Test Pressure (150 PSI) 150 150 150 150 #VALUE! Allowable Leakage (2 hour test) 0.95 0.02 0.08 Per 801.10, each section of water main must be tested independently from valve to valve. If pressure varies by more than 5 psi during test, must pump back up to original starting pressure. If pressure drops but does not vary by more than 5 psi during test, only have to pump back up to original starting pressure at end of test to measure the leakage. L= allowable leakage (gal/hr) L=SD√P x 2 (for 2 hr test) Formula: S= length of pipe tested in feet 148,000 D= nominal pipe diameter in inches P= test pressure (150 psi) Diameter of Barrel (inches): 14 Gallons per Inch: 0.6664 Time Stopped: 11:00 Time Started: Distance from Top of **Number of Inches** Time Gauge Reading (PSI) Remarks Barrel to top of Used Water (inches) 9:00 150 30 0 **Initial Reading** 9:30 149 30 Intermediate Reading 149 30 10:00 Intermediate Reading 10:30 149 30 Intermediate Reading 11:00 150 31 1 **Final Reading Total Inches Used** 1 **Allowable Leakage Total Leakage** 0.6664 1.06 (gallons): (gallons): 1.590636255 inches allowed 25 16ths of an inch allowed **Test Results: Pass** (Pass or Fail) Inspector's Signature:

Inspector's Name & Cell Phone

Number:

#### **City of Columbus - Division of Water Water Main Pressure Test Report** Job Name: Main Street Water Line Improvements Date: X-XX-XX Project No: XX-XXX Contractor: XXXXXXXXXXX **Section Tested:** Section D, Section E Contract No. XXXX Main Street from anchor tee and valve to main line valve at Sta 16+97 and valve on tee at cross connection at Water Ave (Sta 13+62)(Section D), valve on High St side street connection (Sta 16+80, 36' LT), **Section Description: Allowable Leakage Calculations** Note: Stationing shown shall be as-built water main stationing **Section D** Section E Section F Section G Location 10+01 to 16+97 16+80, 36' LT XXXX XXXX 696 Length of Pipe (Feet) 36 XXXX XXXX Nominal Pipe Diameter (Inches) 8 8 XXXX XXXX Test Pressure (150 PSI) 150 150 150 150 0.92 #VALUE! #VALUE! Allowable Leakage (2 hour test) 0.05 Per 801.10, each section of water main must be tested independently from valve to valve. If pressure varies by more than 5 psi during test, must pump back up to original starting pressure. If pressure drops but does not vary by more than 5 psi during test, only have to pump back up to original starting pressure at end of test to measure the leakage. L= allowable leakage (gal/hr) L=SDVP x 2 (for 2 hr test) Formula: S= length of pipe tested in feet 148,000 D= nominal pipe diameter in inches P= test pressure (150 psi) Diameter of Barrel (inches): 14 Gallons per Inch: 0.6664 .0034 (Diameter of Barrel in inches)2 Time Started: \_\_\_\_\_ 8:00 Time Stopped: Distance from Top of **Number of Inches** Time Gauge Reading (PSI) Barrel to top of Remarks Used Water (inches) 9:00 150 30 0 **Initial Reading** 9:30 150 30 Intermediate Reading 10:00 150 30 Intermediate Reading 10:30 150 30 Intermediate Reading 11:00 150 30 **Final Reading** Total Inches Used 0 **Total Leakage** Allowable Leakage 0 0.97 (gallons): (gallons): 1.455582233 inches allowed 23 16ths of an inch allowed **Test Results: Pass** (Pass or Fail) Inspector's Signature: Inspector's Name & Cell Phone

Number:

D.O.W. Work Order No.:	Water S	ervice Report	Date of Installation: 5/21/2019			
Project/Permit Number: XXXXX	Water Main Improvements	Approval (circle one): Yes No Partial				
Property Address: 1234 Main S	Street	Contractor: XYZ Construc	etion			
Premise Number: <b>070-004332</b>	Must be within 42" to	Inspector: ABC Consulting Services, Inc.				
Lot Number/Subdivision:	60" regardless of size	Supervisor: John Doe				
WORK PERFORMED:	Circle One: New	Transfer (Replace) Repair	Put-In-Shape Corporation Stop (PIS) Repair/Replacement			
TAP/SERVICE INFORMATION	<u>.</u>					
Curb Box Location: 25	Feet	<b>Centerline</b> of	Long Street			
15	Feet <u>S</u> of	Centerline of	Main Street			
Depth of Tap (at curb box):	46" (must be within 42" to 60")	Depth of Tap (at mai	n): <b>51"</b>			
Water Main Size:	8"	Tap Size (at mai	n):			
New Water Service Length (W.M. to curb box):	23'	<u>New</u> Water Serv Manufactur	ice xxxxxxxxx xer:xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
New Water Service Material (W.M. to curb box):	Copper	Owner's Side Water Serv Material (Curb box to meter				
Northing:	xxxxxxxxxxx	Easting:	xxxxxxxxxxx			
ABANDONED TAP/SERVICE	INFORMATION					
Premise Number:	070-004332	<u>Previous</u> Tap Size:	3/4"			
Previous Water Service Material (W.M. to curb box):	Galvanized	_				
Remarks:						
		o Drawing				
W → E S	Basis for measurement must be centerline of street or right-of-way line					