

CC: ENG  
BPD  
FILE  
6/6/11

RECEIVED

JUN 3 2011

CITY OF AUBURN WATER DEPARTMENT WATER DEPT.  
REQUIREMENTS FOR ACTIVATION OF NEW MAINS & SERVICES

The following requirements must be met prior to the activation of all new mains and services:

PROJECT NAME: CO. RD 19 PROJECT. SEC 1 & 2  
CONTRACTOR: PYRAMID EXC.

HARMAN 4  
TO  
N. PL - 4615 CR 19  
  
. 4615 CR 19  
TO  
NPL 4685 CR 19

			DATE	INT	P/F
1. PRESSURE TEST 120# for 2 hrs.	Witness		4-20-11	KD	P
			<del>4-21-11</del>	<del>FC</del>	<del>P</del>
2. BACTERIOLOGICAL (MPN) SAMPLE	1st sample	Witness	4-25-11	K.D.	
		Contractor		MB	
	2nd sample	Witness	4-26-11	K.D.	
		Contractor		AE	
	3rd sample	Witness			
		Contractor			

3. BACTERIOLOGICAL (MPN) SAMPLE REPORTS  
2 consecutive satisfactory samples \_\_\_\_\_  
date rec'd

4. AS-BUILTS AND TAP LOCATIONS \_\_\_\_\_  
date rec'd

PYRAMID EXCAVATING

Hydrostatic Test Form

RECEIVED

JUN 3 2011

WATER DEPT.

DATE 4-20-11

JOB NAME Auburn Water Main

Location of test test riser

Water Line  Force Main

Size of Pipe 12" & 16"

Type of Pipe CC STD

Footage of Pipe 3100

Test Pressure 120 PSI

Length of Test 2 hrs

Utility Company City of Auburn

Utility Representative Ben Doan

Pyramid Representative Mark Benzinger M.A. Benzinger

Test Pass  Test Fail

NOTE) From START (TARMASK) to N. PL. OF  
4615 CR 19 - 3,136.54 total Ft.  
(12" = 1,339 Ft.)  
(16" = 1,797.54 Ft.)

**PYRAMID EXCAVATING**

Hydrostatic Test Form

RECEIVED

JUN 3 2011

WATER DEPT.

DATE 4-29-11

JOB NAME Auburn Water Main

Location of test test riser

Water Line  Force Main

Size of Pipe 16"

Type of Pipe CL 350

Footage of Pipe 3500

Test Pressure 120 PSI

Length of Test 2 hrs

Utility Company City of Auburn

Utility Representative FARNS CLARK

Pyramid Representative Mark Benzinger M.P.A. Benzinger

Test Pass  Test Fail

N. Prop line of 4615 CR19 to Hyd.  
N. of R/R tracks.



Sherry Laboratories - Fort Wayne  
2121 E. Washington Blvd.  
Fort Wayne, IN 46803  
TEL: 260-424-1622 FAX: 260-424-9124  
Website: [www.Sherrylabs.com](http://www.Sherrylabs.com)

RECEIVED

JUN 3 2011

WATER DEPT.

April 27, 2011

DAVE CORNELL  
PYRAMID EXCAVATING, INC.  
5797 CR 427  
AUBURN, IN 46706-  
TEL: (260) 925-0857  
FAX: (260) 927-9262

RE: City of Auburn New Main

Order No.: 11042465

Dear DAVE CORNELL:

Sherry Laboratories received 1 sample(s) on 4/25/2011 for the analyses presented in the following report.

In accordance with your instructions, Sherry Laboratories conducted the analysis shown on the following pages on samples submitted by your company. The results relate only to the items tested. Unless otherwise noted, all analysis was conducted using approved methodologies from EPA, SM, or other client-specified methods. All relevant sampling information is on the attached chain-of-custody form. The initials SUB as the analyst designate any testing sub-contracted by Sherry Laboratories.

Certifications/Accreditation: IN# C-02-03 IN# M-02-05. A scope of Certified/Accredited parameters is available upon request.

This report shall not be reproduced except in full, without the written approval of the laboratory.

If you have any questions regarding these test results, please feel free to call.

Sincerely,

Tonya Bulau  
Biologist  
2121 E. Washington Blvd.  
Fort Wayne, IN 46803



Sherry Laboratories - Fort Wayne  
 2121 E. Washington Blvd.  
 Fort Wayne, IN 46803  
 TEL: 260-424-1622 FAX: 260-424-9124  
 Website: [www.Sherrylabs.com](http://www.Sherrylabs.com)

## Analytical Report

(base report)

WO#: 11042465

Date Reported: 4/27/2011

**CLIENT:** PYRAMID EXCAVATING, INC.  
**Matrix:** DRINKING WATER  
**Lab ID:** 11042465-001A  
**Project:** City of Auburn New Main  
**Client Sample ID** New Main

**Tag Number:** 4685 CR 19 Test Riser  
**Collection Date:** 4/25/2011 9:16:00 AM

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
<b>TOTAL COLIFORM BY P/A</b>				<b>M9223B</b>		Analyst: TSB
Total Coliform Bacteria	ABSENT	1.0	P/A		1	4/25/2011 6:50:00 PM

<b>Qualifiers:</b>	*X	Value exceeds Maximum Contaminant Level	B	Analyte detected in the associated Method Blank
	E	Value above quantitation range	H	Holding times for preparation or analysis exceeded
	J	Analyte detected below quantitation limits	M	Manual Integration used to determine area response
	ND	Not Detected at the Reporting Limit	PL	Permit Limit
	RL	Reporting Detection Limit	S	Spike Recovery outside accepted recovery limits

This form is not for use by Public Water Supplies

**SHERRY**Laboratories

Testing Today - Protecting Tomorrow

11042465

### Private Water Supply Coliform Bacteria Report Form

See collection directions on the back of this sheet.

ISDH Certified Lab ID # M-57-1

The information in the double lined box must be completed or the sample will not be analyzed. Use blue or black pen or pencil.

Send Report To PYRAMID EXCAVATING INC.  
 Address 5797 CR 427  
 City auburn  
 State IN Zip 46706  
 Phone Number ( 260 ) 925-0857  
 Date of Sample Collection 4-25-11  
 Time of Sample Collection 9:16 AM  
 Collected By Mark Benzinger  
 Address of Well 4685 CR 19 test Pier  
 Sampling location City of Auburn  
 Reason for Examination Annual Main  
 Do you want your results faxed?  Yes  No  
 \*There is a \$10 fee per report per location faxed to.  
 Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Attn: \_\_\_\_\_  
 Method of Payment  
 Cash  Credit Card\*  Money Order  Check

Relinquished By M.A. Big  
 Received By K. Kwan  
 Date Rec'd 4-25-11 Time Rec'd 12:23

#### ANALYSIS DATA

Date/Time Started 4/25/11 12:50  
 Date/Time Completed 4/26/11 1:51

TEST: **TOTAL COLIFORM**  
 METHOD:  
 MMO-MUG (SM 9223)  
 RESULT:  
 PRESENT  ABSENT  
 ANALYST TSB

TEST:  FECAL COLIFORM  E. COLI\*  
 METHOD:  
 MMO-MUG (SM 9223)  
 RESULT:  
 PRESENT  ABSENT  
 ANALYST \_\_\_\_\_  
\*If no total coliforms are present, no E. coli is present and there will be no E. coli result marked.

#### REPORT OF SAMPLES

**SATISFACTORY** At the time of examination, this water was bacteriologically safe based on USEPA standards.  
 **UNSATISFACTORY** At the time of examination, this water was bacteriologically unsafe.  
 **PLEASE SUBMIT ANOTHER SAMPLE - TEST NOT VALID BECAUSE:**  
 Sample too long in transit.  
 Invalid/No collection date.  
 Sample leaked in transit/Not enough sample.  
 Chlorine present in sample.  
 Other.  
 **HOLDING TIME EXCEEDED**- The 30 hour EPA holding time was exceeded. Results may be questionable.  
 Laboratory Representative: [Signature]

Sherry Laboratories-5738 Industrial Rd. Fort Wayne, IN  
 260-471-7000  
 SAMPLES ACCEPTED MONDAY-THURSDAY ONLY

aac



Sherry Laboratories - Fort Wayne  
2121 E. Washington Blvd.  
Fort Wayne, IN 46803  
TEL: 260-424-1622 FAX: 260-424-9124  
Website: [www.Sherrylabs.com](http://www.Sherrylabs.com)

April 28, 2011

DAVE CORNELL  
PYRAMID EXCAVATING, INC.  
5797 CR 427  
AUBURN, IN 46706-  
TEL: (260) 925-0857  
FAX: (260) 927-9262

RE: 4685 CR 19 New Main Testing

Order No.: 11042749

Dear DAVE CORNELL:

Sherry Laboratories received 1 sample(s) on 4/26/2011 for the analyses presented in the following report.

In accordance with your instructions, Sherry Laboratories conducted the analysis shown on the following pages on samples submitted by your company. The results relate only to the items tested. Unless otherwise noted, all analysis was conducted using approved methodologies from EPA, SM, or other client-specified methods. All relevant sampling information is on the attached chain-of-custody form. The initials SUB as the analyst designate any testing sub-contracted by Sherry Laboratories.

Certifications/Accreditation: IN# C-02-03 IN# M-02-05. A scope of Certified/Accredited parameters is available upon request.

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If you have any questions regarding these test results, please feel free to call.

Sincerely,

Tonya Bulau  
Biologist  
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## Analytical Report

(base report)

WO#: 11042749

Date Reported: 4/28/2011

**CLIENT:** PYRAMID EXCAVATING, INC.  
**Matrix:** DRINKING WATER  
**Lab ID:** 11042749-001A  
**Project:** 4685 CR 19 New Main Testing  
**Client Sample ID** Test Riser CR 19

**Tag Number:** New Main  
**Collection Date:** 4/26/2011 2:30:00 PM

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
<b>TOTAL COLIFORM BY P/A</b>				<b>M9223B</b>		Analyst: TSB
Total Coliform Bacteria	ABSENT	1.0		P/A	1	4/26/2011 6:14:00 PM

<b>Qualifiers:</b>	*X	Value exceeds Maximum Contaminant Level	B	Analyte detected in the associated Method Blank
	E	Value above quantitation range	H	Holding times for preparation or analysis exceeded
	J	Analyte detected below quantitation limits	M	Manual Integration used to determine area response
	ND	Not Detected at the Reporting Limit	PL	Permit Limit
	RL	Reporting Detection Limit	S	Spike Recovery outside accepted recovery limits



**SHERRY**Laboratories

Testing Today - Protecting Tomorrow

11042749

**Private Water Supply Coliform Bacteria Report Form**

See collection directions on the back of this sheet.

ISDH Certified Lab ID # M-57-1

The information in the double lined box must be completed or the sample will not be analyzed. Use blue or black pen or pencil.

Send Report To PIRAMID EXCAVATING INC.  
 Address 5797 CR 427  
 City auburn  
 State IN Zip 46705  
 Phone Number ( 260 ) 925-0857  
 Date of Sample Collection 4-26-11  
 Time of Sample Collection 2:30 Pm  
 Collected by Alan Engle  
 Address of Well 4685 CR 19  
 Sampling Location West River CR 19  
 Reason for Examination New Main  
 Do you want your results Faxed? \*  Yes  No  
 \*There is a \$10 fee per report per location faxed to.  
 Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Area: \_\_\_\_\_  
 Method of Payment  
 Cash  Credit Card \*  Money Order  Check

Relinquished By Alan Engle  
 Received By K. Kwasnik  
 Date Rec'd 4/26-11 Time Rec'd 1540

**ANALYSIS DATA**

Date/Time started 4/26/11 12M

Date/Time Completed 4/27/11 2012

TEST: **TOTAL COLIFORM**  
 METHOD:  
 MMO-MUG (SM 9223)  
 RESULT:  
 PRESENT  ABSENT  
 ANALYST TSB

TEST:  FECAL COLIFORM  E. COLI \*  
 METHOD:  
 MMO-MUG (SM 9223)  
 RESULT:  
 PRESENT  ABSENT  
 ANALYST \_\_\_\_\_  
 \*If no total coliforms are present, no E. coli is present and there will be no E. coli result marked.

**REPORT OF SAMPLES**

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 Sample too long in transit.  
 Invalid/No collection date.  
 Sample leaked in transit/Not enough sample.  
 Chlorine present in sample.  
 Other \_\_\_\_\_  
 **HOLDING TIME EXCEEDED-** The 30 hour EPA holding time was exceeded. Results may be questionable.  
 Laboratory Representative: [Signature]

22°C

PYRAMID EXCAVATING

Hydrostatic Test Form

DATE 4-20-11

JOB NAME Auburn water Main

Location of test test riser

Water Line

Force Main

Size of Pipe 12" & 16"

Type of Pipe CL 350

Footage of Pipe 3,100

Test Pressure 120

Length of Test 2 hrs

Utility Company City of Auburn

Utility Representative Ken Dixon

Pyramid Representative Mal A. Benzinger Mark Benzinger

Test Pass

Test Fail

**RECEIVED**  
JUN 3 2011  
WATER DEPT.

PYRAMID EXCAVATING

Hydrostatic Test Form

DATE 4-24-11

JOB NAME Auburn Water Main

Location of test Test Riser

Water Line  Force Main

Size of Pipe 16"

Type of Pipe CL 350

Footage of Pipe 3500

Test Pressure 120 PSI

Length of Test 2 hrs

Utility Company City of Auburn

Utility Representative [Signature] FARM CLARK

Pyramid Representative Mark Benzinger M.L.B.

Test Pass  Test Fail