

CC: ENG  
BPD 6/6/11  
FILE

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JUN 3 2011

WATER DEPT.

CITY OF AUBURN WATER DEPARTMENT  
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. 3

CONTRACTOR: PYRAMID ETC

1. PRESSURE TEST		DATE	INT	P/F
120# for 2 hrs.	Witness	<u>5-17-11</u>	<u>K.D.</u>	<u>P</u>
			<u>M.B.</u>	

2. BACTERIOLOGICAL (MPN) SAMPLE				
1st sample	Witness	<u>5-17-11</u>	<u>K.D.</u>	
	Contractor	<u>5-17-11</u>	<u>M.B.</u>	
2nd sample	Witness	<u>5-18-11</u>	<u>K.D.</u>	
	Contractor	<u>5-18-11</u>	<u>M.B.</u>	
3rd sample	Witness	_____	_____	
	Contractor	_____	_____	

3. BACTERIOLOGICAL (MPN) SAMPLE REPORTS	<u>6-3-11</u>
2 consecutive satisfactory samples	date rec'd

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

PYRAMID EXCAVATING

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Hydrostatic Test Form

JUN 3 2011

DATE 5-17-11

WATER DEPT.

JOB NAME Auburn Water Main Extension

Location of test test riser at 2148 CR 48

Water Line  Force Main

Size of Pipe 16"

Type of Pipe CL 350 DI

Footage of Pipe 3325 ~~31,588 GAL.~~

Test Pressure 120 PSI 33,167 GAL.

Length of Test 2 hrs

Utility Company City of Auburn Water

Utility Representative Ken Doan

Pyramid Representative M. A. Big

Test Pass  Test Fail



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)

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JUN 3 2011

WATER DEPT.

May 19, 2011

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

RE: 2148 CR 48

Order No.: 11052023

Dear DAVE CORNELL:

Sherry Laboratories received 1 sample(s) on 5/17/2011 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#: 11052023

Date Reported: 5/19/2011

**CLIENT:** PYRAMID EXCAVATING, INC.

**Tag Number:**

**Matrix:** DRINKING WATER

**Collection Date:** 5/17/2011 2:05:00 PM

**Lab ID:** 11052023-001A

**Project:** 2148 CR 48

**Client Sample I** Test Riser - New Main Line

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		5/17/2011 7:29:00 PM

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WATER DEPT.

**Qualifiers:**

- \*X Value exceeds Maximum Contaminant Level
- E Value above quantitation range
- J Analyte detected below quantitation limits
- ND Not Detected at the Reporting Limit
- RL Reporting Detection Limit

- B Analyte detected in the associated Method Blank
- H Holding times for preparation or analysis exceeded
- M Manual Integration used to determine area response
- PL Permit Limit
- S Spike Recovery outside accepted recovery limits

SHERRY Laboratories

Testing Today - Protecting Tomorrow

11052023

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 5-17-2011  
 Time of Sample Collection 2:05 PM  
 Collected By Mark Benzinger  
 Address of Well 2148 C.R. 48  
 Sampling Location test riser  
 Reason for Examination New Mainline  
 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.P.H. B...  
 Received By ...  
 Date Rec'd 5-17-11 Time Rec'd 10:50

ANALYSIS DATA

Date/Time Started 5/17/11 1929  
 Date/Time Completed 5/18/11 2209

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

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]



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

May 20, 2011

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

RE: 2148 CR 48 Test Riser

Order No.: 11052225

Dear DAVE CORNELL:

Sherry Laboratories received 1 sample(s) on 5/18/2011 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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Sincerely,

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# Analytical Report

(base report)

WO#: 11052225

Date Reported: 5/20/2011

**CLIENT:** PYRAMID EXCAVATING, INC.  
**Matrix:** DRINKING WATER  
**Lab ID:** 11052225-001A  
**Project:** 2148 CR 48 Test Riser  
**Client Sample I** Test Riser-New Water Main

**Tag Number:** 2148 CR 48  
**Collection Date:** 5/18/2011 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	5/18/2011 6:15:00 PM

**RECEIVED**

JUN 3 2011

WATER DEPT.

<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

11052225

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 5-18-2011
Time of Sample Collection 2:30 PM
Collected By Mark Bunniger
Address of Well 2148 C.R. 48
Sampling Location test River
Reason for Examination New Mainline
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. L. Adams
Received By K. T. Wainwright
Date Rec'd 5/18/11 Time Rec'd 1714

ANALYSIS DATA

Date/Time Started 5/18/11 1815
Date/Time Completed 5/19/11 2049

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

23C



**PYRAMID EXCAVATING**

Hydrostatic Test Form

DATE 5-17-11

JOB NAME Auburn Water main Extension

Location of test Test Riser at 2148CR48

Water Line  Force Main

Size of Pipe 16"

Type of Pipe CL3500I

Footage of Pipe 3325

Test Pressure 120

Length of Test 2 hrs

Utility Company City of Auburn

Utility Representative Ken Dixon

Pyramid Representative M. A. Big

Test Pass  Test Fail