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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLANNING REQUIREMENTS** | | | | | | | | | | | | | | | | | | | |
| Click here to enter a date. | | | | | | | | | | Requested By: | | | | | | | Choose an item | | |
| Location of Shutdown: | | | | | | | | | | Name: | | | | | | | | | |
| Date of Shutdown: 11/16/2023 | | | | | | | | | |
| Limits: | | | | | | | | | |  | | | | | | | | | |
| Reason For Shutdown: | Choose an item. | | | | | | | | | Duration: Choose an item.Days: Choose an item. | | | | | | | | | |
| Scope of Work: |  | | | | | | | | |  | | | | | | | | |  |
| Test Shutdown Required:  Yes  No | | | | | | | | |  | Contractor On Site Rep: | | | | | | | | | |
| Test Shutdown Scheduled: Click here to enter a date. | | | | | | | | | | Phone #: | | | | | | | | |  |
| Date of Test Shutdown: Click here to enter a date. | | | | | | | | | | BWSC Representative: | | | | | | | | |  |
| Were all valves accessible / operable?  Yes  No If Yes, Schedule Notifications: | | | | | | | | | | | | | | | | | | | |
| If No Explain: | | | | | | | | | | | | | | | | | | | |
| Valves in Shutdown: | | | | | | | | | | | | | | | | | | | |
| Valves Requiring Repair: | | | | | | | | | | Valves Buried: | | | | | | | | | |
| Valve Boxes Requiring Cleaning: | | | | | | | | | | | | | | | | | | | |
| **SCHEDULE REQUIREMENTS – FINAL** | | | | | | | | | | | | | | | | | | | |
| Date & Time of Service Disruption: | | | | Click here to enter a date. | | | | | | | | Time: | | | Choose an item. | | | | |
| Date & Time Service to be Restored: | | | | Click here to enter a date. | | | | | | | | Time: | | | | |  |  | | --- | --- | | Choose an item. |  | | | | |
| Water Main Size: Choose an item. Pressure Zone: Choose an item. Hydrants out of Service | | | | | | | | | | | | | | | | | | | |
| **NOTIFICATION REQUIREMENTS** | | | | | | | | | | | | | | | | | | | |
| All Effected Customers Notified in writing? : | | | | | | | Yes  No Date Notified Click here to enter a date. | | | | | | | | | | | | |
| If No Explain: | | | | | | | | | | | | | | | | | | | |
| Mayor’s Office Notified: | | | | | | | Yes  No  Verbal  Written | | | | | | | | | | | | |
| Boston Fire Department Notified: | | | | | | | Yes  No  Verbal  Written | | | | | | | | | | | | |
| Dig Safe Notified: | | | | | | | Yes  Verbal Dig Safe #: | | | | | | | | | | | | |
| BWSC Internal Notified:  OPS  CONST  Yes  No Date Notified Click here to enter a date. | | | | | | | | | | | | | | | | | | | |
| **SHUTDOWN SUMMARY** | | | | | | | | | | | | | | | | | | | |
| Date & Time of Service Disruption: | | | | | Click here to enter a date. | | | | | | | Time: Choose an item. | | | | | | | |
| Confirmation of Shutdown: | | | | | Choose an item. | | | | | | |  | ID #: | | | | | | |
| Date & Time Service Restored: | | | | | Click here to enter a date. | | | | | | | Time: | | | | | | Choose an item. | |
| Crew Members: | | | | | | |  | | | | | | | | | | | | |
| **Flushing/Disinfection:** | | | | | | |  | | | | | | | | | | | | |
| Location | | | Flushing Time Chlorine mg/L Notes | | | | | | | | | | | | | | | | |
| Start | | | Stop | | Before | | After | | | |  | | | | | |
|  | | |  | | |  | |  | |  | | | |
|  | | |  | | |  | |  | |  | | | |
| **Licensed Operators On-Site:** | | | | | | | | | | | | | | | | | | | |
| **Operator-in-Charge** | | Print | | | | | | | | | Signature | | | | | | | | |

Plans to Indicate: 1. Valves Isolated (Time Off / Time On) 2. Test Shutdown Summary 3. Flushing Sequence

November 18, 2021

To: BWSC Contractors

From: Irene McSweeney, P.E., Chief of Operations

RE: Water Main Shutdown Request Form

Effective November 22, 2021, any contractor requiring assistance from a BWSC gate crew, will be required to submit their request in writing a minimum of 72 hours in advance for any water main shutdown 12” diameter or smaller. For any water main shutdown greater than 12” in diameter, the contractor/engineer must submit the form at least one week prior to the requested water main shutdown date. The completed form and accompanying documents will be submitted to Sekou Brown, Superintendent of Water and Sewer and/or Anthony Bercume, Senior Operations Manager. Their email addresses are:

[bercumea@BWSC.ORG](mailto:bercumea@BWSC.ORG) [browns@BWSC.ORG](mailto:browns@BWSC.ORG)

The Commission will require the following to be submitted:

1. The completed Water Main Shutdown Request Form with all applicable fields completed for the initial shutdown. The form is to be submitted electronically such that the remaining fields can be completed by Operations’ staff as the work progresses. The certification at the bottom will be completed by the Construction Division overseeing the work.
2. Identify whether valves have been researched and are accessible.
3. A shutdown plan of the valves to be closed (BWSC can provide map if needed).
4. Provide a copy of the work to be performed and the scope for the specific shutdown.
5. For any shutdowns on systems greater than 12” in diameter, the contractor, engineer and inspector shall meet with Operations staff to review the shutdown. A test shutdown of the system shall be performed. Representatives from the contractor and either the engineer or inspector must be present for the test shutdown.
6. The contractor shall identify how they will confirm that the shutdown has occurred prior to proceeding with the work. The Operations Department can be contacted for assistance if the shutdown is not adequate.
7. Upon completion of the work, the contractor shall disinfect the water main and once approval from the Water Operator that the system has been adequately disinfected and the test results are acceptable, the Operations Department will schedule the activation of the water main. The inspector will be present for all water main shutdowns and will document the work on their Daily Inspectors Report. The Operations Department will also document the valve operations in Cityworks.
8. Shutdowns required off hours must be coordinated as well through the managers identified above and the work will be scheduled with the applicable nighttime manager or supervisor.

CC: John P. Sullivan, PE Anthony Bercume Lawrence James

Peter Salvatore, PE Sekou Brown Joseph Hubbard

Alfred Carrier, PE Robert Limardo Supervisors

Paul Canavan Daniel O’Brien Yard Clerks

Lori Calla Donna Lamonica