
Michael and Mary Weishner, |

v. |

Pennsylvania American Water |

Company |

Initial Call-In Telephonic |

Hearing

Docket No.:

C-2024-3046232

Pages 1 - 93

Judge's Chambers

Piatt Place

301 5th Avenue

Suite 220

Pittsburgh, PA

Wednesday, September 18, 2024

Commencing at 10:00 a.m.

INDEX TO EXHIBITS

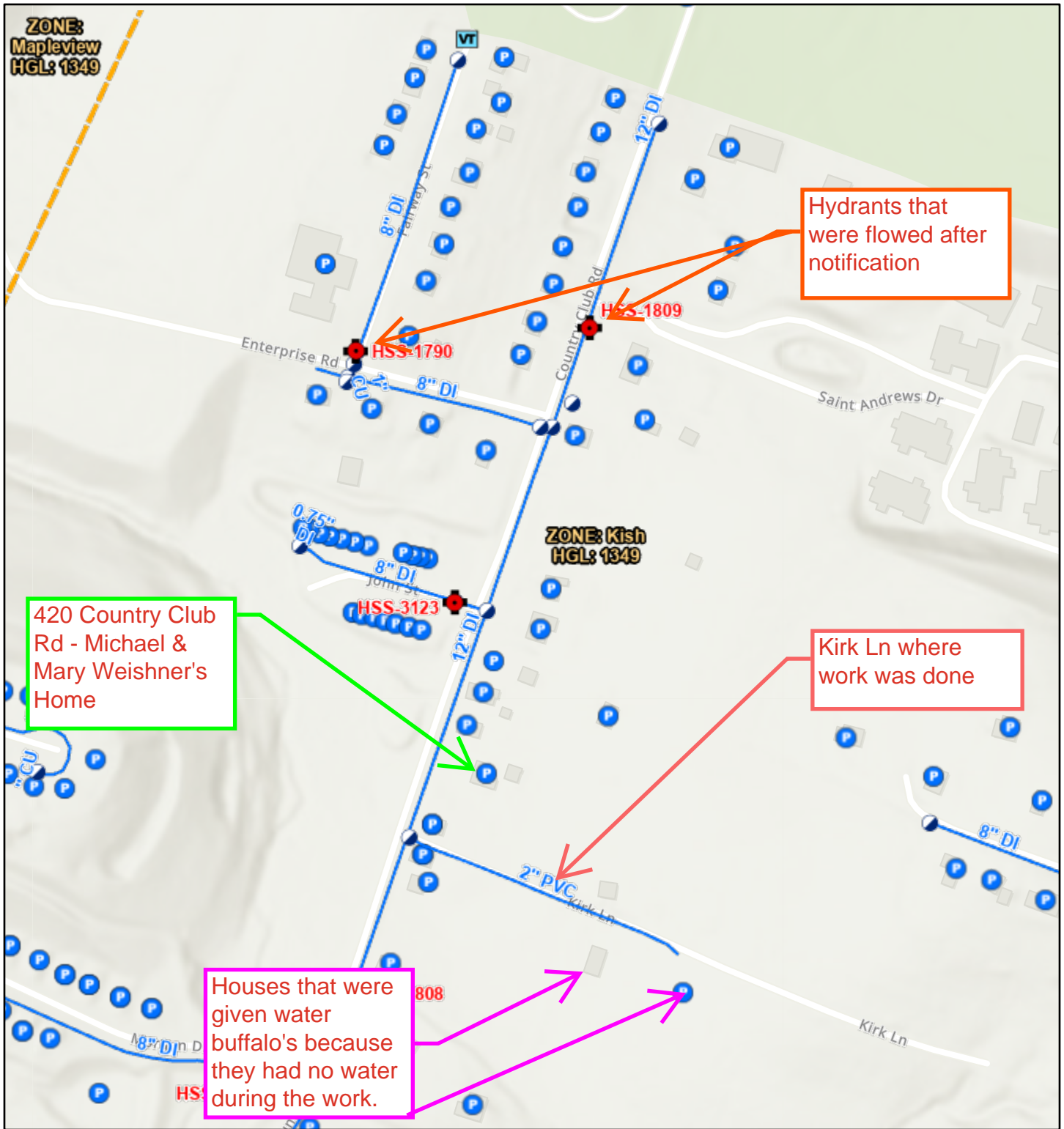
Docket No. C-2024-3046232

Hearing Date: September 18, 2024

<u>NUMBER</u>	<u>FOR IDENTIFICATION</u>	<u>IN EVIDENCE</u>
PAWC Exhibit 1	37	81
Map		
PAWC Exhibit 2	47	81

Water Tests for Kirk Lane		
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Work Orders for Kirk Lane		

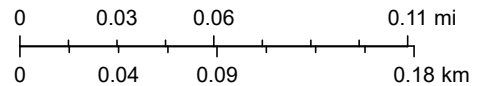
ArcGIS Web Map



9/10/2024, 3:18:08 PM

1:4,514

- PressureZone
- Service Area
- Smaller Mains
- Valve
- Vault
- Hydrant
- Water Premise



Pennsylvania American Water, Esri Community Maps Contributors, County of Allegheny, data.pa.gov, West Virginia GIS, © OpenStreetMap, Microsoft, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA, USFWS, Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA,

Web AppBuilder for ArcGIS



**PENNSYLVANIA
AMERICAN WATER**

New Line/Line Repair
BACTERIOLOGICAL REPORT

SECTION I - To be completed by Sampler - In ink.

Date of Sample: 8-10-23 Chlorine Residual Free/Total: 0.12 / 1.52
 Time of Sample: 11:00 am Sampled by: JEFF SANDELL
 Specific Location of Sample: OUT OF BLOWOFF @ KIRK LN - McMURRAY
 Comments: SAMPLE 2
 New Line Line Repair _____
 Lab Sample I.D.# _____
 Date Delivered: 8/10/23 Delivered by: NLH/g
 Time Delivered: 1345 Accepted and Stored by: LS

SECTION II - To be completed by Analyst - In ink.

Date Plated: 8/10/23 Time Plated: 1417
 Volume Tested: 100ml in e35.2
out e35.2

RESULTS

COLILERT QUANTI - TRAY								P/A COLILERT	
TOTAL COLIFORMS				E. COLI				COLI P/A	E. COLI P/A
L.C. (+)	S.C. (+)	MPN CHART	MPN 100ml	L.C. FI +	S.C. FI +	MPN CHART	MPN 100ml		
								A	A
STANDARD PLATE COUNT (48Hr.) BACTERIA / ML: _____									

- Put line in service
 Flush and Resample
 Sample Invalidated (No Chlorine or High Turbidity)

Comments: _____

YJ
Analyst Signature



SECTION I - To be completed by Sampler - In ink.

Date of Sample: 8-16-23 Chlorine Residual Free/Total: 0.15 / 1.59
 Time of Sample: 10:30 am Sampled by: JEFF SANDRELL
 Specific Location of Sample: OUT OF BLOWOFF @ KIRK LN - McMURRAY
 Comments: SAMPLE 3
 New Line Line Repair _____
 Lab Sample I.D.# _____
 Date Delivered 8-17-23 Delivered by: W. Bishop
 Time Delivered: 1350 Accepted and Stored by: THH LS
LS 8/17/23

SECTION II - To be completed by Analyst - In ink.

Date Plated: 8/17/23 Time Plated: 1417
in C35.2
at C35.1
 Volume Tested: 100 mL

RESULTS

COLILERT QUANTI - TRAY								P/A COLILERT	
TOTAL COLIFORMS				E. COLI				COLI P/A	E. COLI P/A
L.C. (+)	S.C. (+)	MPN CHART	MPN 100ml	L.C. FI +	S.C. FI +	MPN CHART	MPN 100ml		
								<u>A</u>	<u>A</u>
STANDARD PLATE COUNT (48Hr.) BACTERIA / ML: _____									

- Put line in service Flush and Resample Sample Invalidated (No Chlorine or High Turbidity)

Comments: _____

YS

PAWC Exhibit 3

Order Number: 1164410

271-Field Services Work Order

* Show time in 1/4 hrs (.25, .50, etc.)

Printed On
09/10/2024

Updated On

Date Received: 3/1/2023	Address 20 KIRK LN SOUTH STRABANE TOWNSHIP, PA 15301 Nearest Cross St: COUNTRY CLUB RD	Service Number p#:5000248883, Hyd/Valve/BO: s#:9240753229
Date Started:		Service Order #:
Date Completed: 5/24/2023		Premise Number: 5000248883
Requested By:		Phone Number: 4127226758 Markout Required: Yes

Description of Job: SERVICE LINE INSTALLATION	1st	2nd	3rd	4th	5th
Created By:	Employee Assigned:				
Priority: High Priority	# Employees Assigned:				
Backhoe Operator:	Time Arrived on Job:				
Date of Excavation:	*Total Time to Complete:				
	Truck #:				

Type of Markout: Routine	Markout Number: 20231360607	2nd Req. Number
Date Requested: 5/16/2023	Time of Request: 00:00:00	Due Date: 5/19/2023 12:00:00 AM *M O Down Time:
Gas: ATT:	Electric:	Telephone:
	Sewer:	Cable:

Main Material	Service Material	Type of Leak
Cast <input type="checkbox"/> PVC <input type="checkbox"/> Transite <input type="checkbox"/>	Copper <input type="checkbox"/> Galv <input type="checkbox"/>	Circle <input type="checkbox"/> Physically Damaged <input type="checkbox"/>
Cement <input type="checkbox"/> Galv <input type="checkbox"/>	Lead <input type="checkbox"/> Tubaloyd <input type="checkbox"/>	Deteriorated <input type="checkbox"/> Service Saddle <input type="checkbox"/>
Ductile <input type="checkbox"/> Lock Joint <input type="checkbox"/>	Plastic <input type="checkbox"/>	Joint Leak <input type="checkbox"/> Split <input type="checkbox"/>
		Pin Hole <input type="checkbox"/>

Size of Main/Service:	Depth of Main/Service (ft):	Condition of Main/Service:	Map Page:
Leak Between Or Near Valve Number:	And Valve Number:	Lost Water (Gallons):	
Safety Markers Left On Site:	Number of Markers:	Safety Markers Retrieved:	

Material Used (Include description, quantity, and part number. Put any additional parts on back of form.)			
	Truck		
			MAINS \18730174.
			SERV \18730184.
			MTR SE \18730186.
			HYD \18730189.
			CAPITAL\RETIREMJ
			R24-21G1.23-P-0001

Notes:
 10/06/2022 14:57:24 EST (MOSELYDA) Tap # 20432402 Request for new service at 20 Kirk Lane, Washington, PA 15301 Connection Object 4003802256 Device Location 6004117587 Premise 5000248883 NSI 325621209 Contact Jamie 412 722 6758 Locality : WASH LocalityDescription : Washington City

Check if additional notes or paving on back: []

PAWC Exhibit 3

Order Number: 1170377

271-Field Services Work Order

* Show time in 1/4 hrs (.25, .50, etc.)

Printed On
09/10/2024

Updated On

Date Received: 6/1/2023 Date Started: Date Completed: 6/5/2023 Requested By:	Address 0 KIRK LN SOUTH STRABANE TOWNSHIP, PA Nearest Cross St: COUNTRY CLUB RD	Service Number Hyd/Valve/BO: Service Order #: Premise Number: Phone Number: Markout Required: Yes
---	---	--

Description of Job: WATER MAIN BREAK REPLACE	1st	2nd	3rd	4th	5th
Created By: Priority: High Priority Backhoe Operator: Date of Excavation:	Employee Assigned: # Employees Assigned: Time Arrived on Job: *Total Time to Complete: Truck #:				

Type of Markout: Routine Date Requested: 5/31/2023 Gas: ATT:	Markout Number: 20231510054 Time of Request: 00:00:00 Electric:	2nd Req. Number Due Date: 6/5/2023 12:00:00 AM *M O Down Time: Telephone: Sewer: Cable:
---	--	--

Main Material Cast <input type="checkbox"/> PVC <input type="checkbox"/> Transite Cement <input type="checkbox"/> Galv Ductile <input type="checkbox"/> Lock Joint	Service Material Copper <input type="checkbox"/> Galv Lead <input type="checkbox"/> Tubaloyd Plastic <input type="checkbox"/>	Type of Leak Circle <input type="checkbox"/> Physically Damaged Deteriorated <input type="checkbox"/> Service Saddle Joint Leak <input type="checkbox"/> Split Pin Hole <input type="checkbox"/>
--	---	---

Size of Main/Service: Leak Between Or Near Valve Number: Safety Markers Left On Site:	Depth of Main/Service (ft): And Valve Number: Number of Markers:	Condition of Main/Service: Map Page: Lost Water (Gallons): 100 Safety Markers Retrieved:
--	---	---

Material Used (Include description, quantity, and part number. Put any additional parts on back of form.)			
	Truck		
			MAINS \18730174.
			SERV \18730184.
			MTR SE \18730186.
			HYD \18730189.
			CAPITAL/RETIREMJ
			R24-21C1.23-P-0001

Notes:
 replace 1" galvanized w/ 2" PVC due to new home being told they were eligible for water

Check if additional notes or paving on back: []