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**PUBLIC WATER  
COMMISSION\  
DISTRICT\C0-OP**

**FACILITY NUMBER**

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**CONTINGENCY  
PLAN FOR  
EMERGENCY  
PREPAREDNESS**

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**BOARD MEMBER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_

Work  
Home  
Cellular

**BOARD MEMBER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_

Work  
Home  
Cellular

**BOARD MEMBER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_

Work  
Home  
Cellular

**1.2 EMPLOYEES  
MANAGER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name  
Address  
City, IL zip

( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_

Work  
Home  
Cellular  
Pager

**WATER SUPERINTENDENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name  
Address  
City, IL zip

( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_

Work  
Home  
Cellular  
Pager

**RESPONSIBLE WATER OPERATOR IN CHARGE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name  
Address  
City, IL zip

( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_

Work  
Home  
Cellular  
Pager

**WATER PLANT OPERATOR**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name  
Address  
City, IL zip

( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_

Work  
Home  
Cellular  
Pager

**WATER DISTRIBUTION SYSTEM MAINTENANCE**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Work  
( ) \_\_\_\_ - \_\_\_\_ Home  
( ) \_\_\_\_ - \_\_\_\_ Cellular  
( ) \_\_\_\_ - \_\_\_\_ Pager

**LABORER**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Work  
( ) \_\_\_\_ - \_\_\_\_ Home  
( ) \_\_\_\_ - \_\_\_\_ Cellular  
( ) \_\_\_\_ - \_\_\_\_ Pager

**CLERK\TREASURER**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Work  
( ) \_\_\_\_ - \_\_\_\_ Home  
( ) \_\_\_\_ - \_\_\_\_ Cellular

**SECRETARY\BILLING CLERK**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Work  
( ) \_\_\_\_ - \_\_\_\_ Home  
( ) \_\_\_\_ - \_\_\_\_ Cellular

**\* AUTHORIZED TO ISSUE BOIL WATER ORDERS AND  
SECURE MATERIALS, SUPPLIES AND SERVICE  
PROVIDERS FOR EMERGENCIES.**

**1.3 ILLINOIS EPA REGIONAL OFFICE**  
**Regional Office**

**Regional Manager:** \_\_\_\_\_

**Staff:** \_\_\_\_\_

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Address)

( ) \_\_\_\_ - \_\_\_\_ Phone

( ) \_\_\_\_ - \_\_\_\_ Fax

**1.4 IEPA EMERGENCY ACTION CENTER**

(800) 782 – 7860 24-Hour Toll Free

**1.5 NATIONAL RESPONSE CENTER**

(800) 424 – 8802 24-Hour Toll Free

**1.6 CHEMTREC**

(800) 424 – 9300 24-Hour Toll Free

**1.7 ILLINOIS RURAL WATER ASSOCIATION**

3305 Kennedy Road

PO Box 6049

Taylorville, IL 62568

(217) 287 – 2115 Phone

(217) 287 – 1190 Alternate Phone

(217) 824 – 8638 Fax

[www.ilrwa.org](http://www.ilrwa.org) Web Address



**1.9 COUNTY HEALTH DEPARTMENTS**

\_\_\_\_\_ **County Health Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address  
City, IL zip  
( ) -- Phone  
( ) -- Fax

\_\_\_\_\_ **County Health Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address  
City, IL zip  
( ) -- Phone  
( ) -- Fax

\_\_\_\_\_ **County Health Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address  
City, IL zip Phone  
( ) -- Fax

\_\_\_\_\_ **County Health Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address  
City, IL zip  
( ) -- Phone  
( ) -- Fax

\_\_\_\_\_ **County Health Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address  
City, IL zip  
( ) -- Phone  
( ) -- Fax

\_\_\_\_\_ **County Health Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address  
City, IL zip  
( ) -- Phone  
( ) -- Fax

**1.10 COUNTY HIGHWAY DEPARTMENTS**

\_\_\_\_\_ **County Highway Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_\_ Garage  
( ) \_\_\_\_ -- \_\_\_\_\_ Home

\_\_\_\_\_ **County Highway Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_\_ Garage  
( ) \_\_\_\_ -- \_\_\_\_\_ Home

\_\_\_\_\_ **County Highway Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_\_ Garage  
( ) \_\_\_\_ -- \_\_\_\_\_ Home

\_\_\_\_\_ **County Highway Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_\_ Garage  
( ) \_\_\_\_ -- \_\_\_\_\_ Home

\_\_\_\_\_ **County Highway Department**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ -- \_\_\_\_\_ Garage  
( ) \_\_\_\_ -- \_\_\_\_\_ Home

**1.11 ILLINOIS STATE POLICE DISTRICT OFFICES**

**District #\_\_ Commander**

\_\_\_\_\_**Name**  
\_\_\_\_\_**Address**  
\_\_\_\_\_**City, IL zip**  
(\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Phone**  
Counties Served: \_\_\_\_\_  
\_\_\_\_\_

**District #\_\_ Commander**

\_\_\_\_\_**Name**  
\_\_\_\_\_**Address**  
\_\_\_\_\_**City, IL zip**  
(\_\_\_\_) \_\_\_\_ - \_\_\_\_ **Phone**  
Counties Served: \_\_\_\_\_  
\_\_\_\_\_

**1.12 FEDERAL BUREAU OF INVESTIGATION**

**FBI Springfield**

Suite 400  
400 West Monroe Street  
Springfield, IL 62704-1800  
[springfield.fbi.gov](http://springfield.fbi.gov)  
(217) 522 – 9675 **Phone**

**FBI Chicago**

Room 905  
E.M. Dirksen Federal Office Building  
219 South Dearborn Street  
Chicago, IL 60604-1702  
[chicago.fbi.gov](http://chicago.fbi.gov)  
(312) 431 – 1333 **Phone**

**2.0 LOCAL NOTIFICATION (BY AUTHORIZED PERSONNEL)**

**2.1 COUNTY SHERIFF'S DEPARTMENTS**

\_\_\_\_\_ **County Sheriff's Department**  
\_\_\_\_\_, Sheriff  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
(\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Non-emergency  
(911) Emergency

\_\_\_\_\_ **County Sheriff's Department**  
\_\_\_\_\_, Sheriff  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
(\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Non-emergency  
(911) Emergency

\_\_\_\_\_ **County Sheriff's Department**  
\_\_\_\_\_, Sheriff  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
(\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Non-emergency  
(911) Emergency

\_\_\_\_\_ **County Sheriff's Department**  
\_\_\_\_\_, Sheriff  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
(\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Non-emergency  
(911) Emergency

\_\_\_\_\_ **County Sheriff's Department**  
\_\_\_\_\_, Sheriff  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
(\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Non-emergency  
(911) Emergency

## 2.2 FIRE & RESCUE DEPARTMENTS

### Fire Department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) --  
( ) --

Contact Name  
Address  
City, IL zip

Fire House  
Home

### Fire Department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) --  
( ) --

Contact Name  
Address  
City, IL zip

Fire House  
Home

### Fire Department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) --  
( ) --

Contact Name  
Address  
City, IL zip

Fire House  
Home

### Fire Department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) --  
( ) --

Contact Name  
Address  
City, IL zip

Fire House  
Home

### Fire Department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) --  
( ) --

Contact Name  
Address  
City, IL zip

Fire House  
Home

## 2.3 MEDIA OUTLETS

### 2.3.1 NEWSPAPERS

\_\_\_\_\_ **Name of paper**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Name of paper**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Name of paper**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Name of paper**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Name of paper**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Name of paper**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

### 2.3.2 RADIO STATIONS

\_\_\_\_\_ **Call letters and dial #**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Call letters and dial #**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Call letters and dial #**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Call letters and dial #**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Call letters and dial #**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Call letters and dial #**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

### 2.3.3 TELEVISION STATIONS

\_\_\_\_\_ **Call letters and channel #**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Call letters and channel #**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Call letters and channel #**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Call letters and channel #**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Call letters and channel #**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

\_\_\_\_\_ **Call letters and channel #**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ Fax

## 2.4 HEALTHCARE ORGANIZATIONS

### 2.4.1 HOSPITALS

\_\_\_\_\_ **Name of hospital**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of hospital**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of hospital**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ -- \_\_\_\_ Fax

### 2.4.2 CLINICS

\_\_\_\_\_ **Name of clinic**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of clinic**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of clinic**  
\_\_\_\_\_  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ -- \_\_\_\_ Fax

### **3.0 INVENTORY INFORMATION**

#### **3.1 LOCATIONS OF MAPS AND/OR DRAWINGS OF DISTRIBUTION SYSTEM**

(Remember to list all locations where maps and drawings are kept, including Water Plant, Sewer Plant, City or Village Hall, Public Works Garage, Engineer's Office, Public Works Vehicles and any others you may know of.) Please list each location with address and phone number.

#### **3.2 LOCATION AND AMOUNTS OF TREATMENT CHEMICALS**

(Please list by location with address and phone number, and include maximum amount of each chemical stored at each site.)

#### **3.3 TOOLS AND EQUIPMENT**

(Please list the address or addresses where tools and equipment are located. Usually, a list can be obtained from City Hall that has been compiled for insurance purposes.)

**4.0 SOURCES OF EMERGENCY SUPPLIES AND SERVICES**

**4.1 CONTRACTORS OF SUPPLIES AND SERVICES**

**4.1.1 WELL CONTRACTORS**

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

**4.1.2 PLUMBING CONTRACTORS**

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax





### 4.1.5 PARTS SUPPLIERS

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_ - \_\_\_ Phone  
( ) \_\_\_ - \_\_\_ After Hours Phone  
( ) \_\_\_ -- \_\_\_ Cellular  
( ) \_\_\_ -- \_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_ - \_\_\_ Phone  
( ) \_\_\_ - \_\_\_ After Hours Phone  
( ) \_\_\_ -- \_\_\_ Cellular  
( ) \_\_\_ -- \_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_ - \_\_\_ Phone  
( ) \_\_\_ - \_\_\_ After Hours Phone  
( ) \_\_\_ -- \_\_\_ Cellular  
( ) \_\_\_ -- \_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_ - \_\_\_ Phone  
( ) \_\_\_ - \_\_\_ After Hours Phone  
( ) \_\_\_ -- \_\_\_ Cellular  
( ) \_\_\_ -- \_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_ - \_\_\_ Phone  
( ) \_\_\_ - \_\_\_ After Hours Phone  
( ) \_\_\_ -- \_\_\_ Cellular  
( ) \_\_\_ -- \_\_\_ Fax

#### 4.1.6 MUTUAL AID

\_\_\_\_\_ **Name of city/village/pws**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of city/village/pws**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of city/village/pws**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of city/village/pws**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of city/village/pws**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax



**4.1.8 ELECTRICAL CONTRACTORS**

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

**4.1.9 ELECTRIC UTILITIES**

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

**4.1.10 GAS UTILITIES**

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax



**4.1.13 OTHER/MISCELLANEOUS**

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

\_\_\_\_\_ **Name of company**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, state zip  
( ) \_\_\_\_ - \_\_\_\_ Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone  
( ) \_\_\_\_ -- \_\_\_\_ Cellular  
( ) \_\_\_\_ -- \_\_\_\_ Fax

**J.U.L.I.E.**

(811) Toll Free  
(800) 892 – 0123 Toll Free

(This section is intended to include ONLY your systems customers.)

## 5.0 MAJOR AND SENSITIVE CUSTOMERS

### 5.1 HEALTH CARE

\_\_\_\_\_ **Name of hospital**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Business Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone

\_\_\_\_\_ **Name of hospital**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Business Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone

\_\_\_\_\_ **Name of clinic**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Business Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone

\_\_\_\_\_ **Name of clinic**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Business Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone

\_\_\_\_\_ **Name of nursing home**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Business Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone

\_\_\_\_\_ **Name of nursing home**  
\_\_\_\_\_ Address  
\_\_\_\_\_ City, IL zip  
( ) \_\_\_\_ - \_\_\_\_ Business Phone  
( ) \_\_\_\_ - \_\_\_\_ After Hours Phone

## 5.2 SCHOOLS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_

**Elementary School**  
Address  
City, IL zip  
Business Phone  
After Hours Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_

**Elementary School**  
Address  
City, IL zip  
Business Phone  
After Hours Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_

**Middle School**  
Address  
City, IL zip  
Business Phone  
After Hours Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_

**Middle School**  
Address  
City, IL zip  
Business Phone  
After Hours Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_

**High School**  
Address  
City, IL zip  
Business Phone  
After Hours Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_  
( ) \_\_\_\_ - \_\_\_\_

**High School**  
Address  
City, IL zip  
Business Phone  
After Hours Phone

### 5.3 COMMERCIAL/INDUSTRIAL

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_ - \_\_\_\_  
( ) \_\_\_ - \_\_\_\_  
( ) \_\_\_ -- \_\_\_\_  
( ) \_\_\_ -- \_\_\_\_

**Name of company**  
Address  
City, state zip  
Phone  
After Hours Phone  
Cellular  
Fax

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_ - \_\_\_\_  
( ) \_\_\_ - \_\_\_\_  
( ) \_\_\_ -- \_\_\_\_  
( ) \_\_\_ -- \_\_\_\_

**Name of company**  
Address  
City, state zip  
Phone  
After Hours Phone  
Cellular  
Fax

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( ) \_\_\_ -- \_\_\_\_  
( ) \_\_\_ -- \_\_\_\_

**Name of company**  
Address  
City, state zip  
Phone  
After Hours Phone  
Cellular  
Fax

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( ) \_\_\_ - \_\_\_\_  
( ) \_\_\_ - \_\_\_\_  
( ) \_\_\_ -- \_\_\_\_  
( ) \_\_\_ -- \_\_\_\_

**Name of company**  
Address  
City, state zip  
Phone  
After Hours Phone  
Cellular  
Fax

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( ) \_\_\_ - \_\_\_\_  
( ) \_\_\_ - \_\_\_\_  
( ) \_\_\_ -- \_\_\_\_  
( ) \_\_\_ -- \_\_\_\_

**Name of company**  
Address  
City, state zip  
Phone  
After Hours Phone  
Cellular  
Fax



## **6.0 ALTERNATE WATER SOURCES**

### **6.1 INTERCONNECTS WITH OTHER WATER SYSTEMS**

(Does your Public Water Supply have any physical interconnects with another PWS or is another system close enough that an interconnect could be established in an emergency?)

### **6.2 WATER TRUCKED IN FROM NEIGHBORING COMMUNITIES**

(Agreements, written or verbal should be made with local milk haulers or licensed water haulers or Illinois National Guard to truck in water in sanitary tankers in emergency situations.)

## **7.0 FLOOD PROTECTION**

### **7.1 WELLS**

(Are the wells susceptible to flooding and if so, are the cased above the 100-year flood level?)

### **7.2 WATER TREATMENT PLANT**

(Is the water plant susceptible to flooding and if so, have provisions been made to berm around it with sandbags or other material?)

## **8.0 POWER AND MECHANICAL FAILURES**

### **8.1 PROCEDURES FOR ELECTRICAL FAILURES**

(Have emergency back-up generators been made available at WTP and well sites? What are your procedures for dealing with electrical failures?)

### **8.2 PROCEDURES FOR MECHANICAL FAILURES**

(Do water department employees make repairs to pumps, motors, etc... or are contractors called in to make the repairs?)

### **8.3 DISTRIBUTION SYSTEM FAILURES**

(Do water department employees make repairs to the distribution system or does an outside contractor get called in to make the necessary repairs?)

**9.0 BOIL WATER ORDER PROCEDURES**

**9.1 SMALL SECTION OF SYSTEM**

**9.1.1 ISSUING BOIL WATER ORDER**

- **Notify IEPA – \_\_\_\_\_ Regional Office**

Regional Manager: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Office

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax

- **Notify \_\_\_\_\_ County Health Department**

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Office

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax

**9.1.2 LIFTING BOIL WATER ORDER**

- **After receiving notice of clean samples from Lab**

- **Notify IEPA – \_\_\_\_\_ Regional Office**

Regional Manager: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Office

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax

- **Notify \_\_\_\_\_ County Health Department**

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Office

(\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax

**9.2 ENTIRE SYSTEM**

**9.2.1 ISSUING BOIL WATER ORDER**

- **Notify IEPA – \_\_\_\_\_ Regional Office**

Regional Manager: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ – \_\_\_\_\_ Office

(\_\_\_\_) \_\_\_\_ – \_\_\_\_\_ Fax

- **Notify \_\_\_\_\_ County Health Department**

(\_\_\_\_) \_\_\_\_ – \_\_\_\_\_ Office

(\_\_\_\_) \_\_\_\_ – \_\_\_\_\_ Fax

**9.2.2 LIFTING BOIL WATER ORDER**

- **After receiving notice of clean samples from Lab**

- **Notify IEPA – \_\_\_\_\_ Regional Office**

Regional Manager: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_ – \_\_\_\_\_ Office

(\_\_\_\_) \_\_\_\_ – \_\_\_\_\_ Fax

- **Notify \_\_\_\_\_ County Health Department**

(\_\_\_\_) \_\_\_\_ – \_\_\_\_\_ Office

(\_\_\_\_) \_\_\_\_ – \_\_\_\_\_ Fax

## 10.0 EMPLOYEE TRAINING

This document will be reviewed at least one time per year and updated as necessary. All employees are familiar with and will receive training on the information within this document at least one time per year and will use the same in emergency or disaster situations.

\_\_\_\_\_  
\_\_\_\_\_, Signature  
\_\_\_\_\_, Board President

\_\_\_\_\_  
\_\_\_\_\_, Signature  
\_\_\_\_\_, Manager

\_\_\_\_\_  
\_\_\_\_\_, Signature  
\_\_\_\_\_, Responsible Operator in Charge

\_\_\_\_\_  
\_\_\_\_\_, Signature  
\_\_\_\_\_, Water Plant Operator

\_\_\_\_\_  
\_\_\_\_\_, Signature  
\_\_\_\_\_, Water Plant Operator

(Appendix A)

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# PUBLIC WATER DISTRICT

## BOIL ORDER NOTICE

At \_\_\_\_\_ (time) (am or pm) on \_\_\_\_\_ (date) the  
\_\_\_\_\_ Public Water Supply issued a  
precautionary **BOIL ORDER** affecting (all its customers) (customers  
located) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Water supply personnel will return the system to normal operation as  
soon as possible (by action) \_\_\_\_\_  
\_\_\_\_\_.

(after event) \_\_\_\_\_.

After bacteriological samples demonstrate that the water is safe for  
domestic use. At present, the water in the distribution system  
(may be) (is) subject to bacteriological contamination, which may  
cause a number of waterborne diseases and/or general  
gastrointestinal distress.

Customers in the affected area are encouraged to treat all water for  
drinking or culinary purposes by bringing it to a rolling boil for at least  
five (5) minutes.

For additional information, contact \_\_\_\_\_,  
Manager at (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

**ILLINOIS RURAL WATER ASSOCIATION  
3305 KENNEDY ROAD  
P.O. BOX 6049  
TAYLORVILLE, IL 62568  
(217) 287 – 2115      PHONE  
(217) 287 – 1190      PHONE  
(217) 824 – 8638      FAX  
[www.ilrwa.org](http://www.ilrwa.org)**

<b>Executive Director</b>	<b>Frank Dunmire</b>
<b>Deputy Director/ARRA Circuit Rider</b>	<b>Don Craig</b>
<b>Membership Services Assistant</b>	<b>Heather McLeod</b>
<b>Administrative/Program Assistant</b>	<b>Denise Burke</b>
<b>Program Specialist</b>	<b>Wayne Nelson</b>
<b>Source Water Protection Specialist</b>	<b>Mark Mitchell</b>
<b>Source Water Protection Specialist</b>	<b>Kathy Rodgers</b>
<b>Water Circuit Rider</b>	<b>Gale Moore</b>
<b>Water Circuit Rider</b>	<b>Pat Gammill</b>
<b>Water Circuit Rider</b>	<b>Chuck Woodworth</b>
<b>Wastewater Training Technician</b>	<b>John Bell</b>
<b>Wastewater Technician</b>	<b>Gary Chase</b>
<b>ARRA Circuit Rider</b>	<b>Bill Dowell</b>