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OTHER REQUEST**

(5 ILCS 140/7) (From Ch. 116, par. 207)

Sec. 7. Exemptions.

(1) When a request is made to inspect or copy a public record that contains information that is exempt from disclosure under this Section, but also contains information that is not exempt from disclosure, the public body may elect to redact the information that is exempt. The public body shall make the remaining information available for inspection and copying. Subject to this requirement, the following shall be exempt from inspection and copying:

(v) Vulnerability assessments, security measures, and response policies or plans that are designed to identify, prevent, or respond to potential attacks upon a community's population or systems, facilities, or installations, the destruction or contamination of which would constitute a clear and present danger to the health or safety of the community, but only to the extent that disclosure could reasonably be expected to jeopardize the effectiveness of the measures or the safety of the personnel who implement them or the public.

Information exempt under this item may include such things as details pertaining to the mobilization or deployment of personnel or equipment, to the operation of communication systems or protocols, or to tactical operations.

(w) (Blank).

(x) Maps and other records regarding the location or security of generation, transmission, distribution, storage, gathering, treatment, or switching facilities owned by a utility, by a power generator, or by the Illinois Power Agency.

CITY/VILLAGE OF

WATER DEPARTMENT

FACILITY NUMBER

**CONTINGENCY
PLAN FOR
EMERGENCY
PREPAREDNESS**

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**CITY/VILLAGE OF _____ WATER DEPARTMENT
CONTINGENCY PLAN FOR EMERGENCY PREPAREDNESS**

**Date Completed ___/___/2019
Date Last Revised ___/___/2019**

1.0 EMERGENCY CONTACTS

**1.1 ELECTED AND/OR APPOINTED OFFICIALS
MAYOR/VILLAGE BOARD PRESIDENT**

Name

Address

City, IL zip
(____) ____ - _____ Work
(____) ____ - _____ Home
(____) ____ -- _____ Cellular

**ALDERMAN/VILLAGE TRUSTEE – WATER/SEWER
COMMITTEE CHAIR**

Name

Address

City, IL zip
(____) ____ - _____ Work
(____) ____ - _____ Home
(____) ____ -- _____ Cellular

ALDERMAN/VILLAGE TRUSTEE

Name

Address

City, IL zip
(____) ____ - _____ Work
(____) ____ -- _____ Home
(____) ____ -- _____ Cellular

ALDERMAN/VILLAGE TRUSTEE

Name

Address

City. IL zip
(____) ____ - _____ Work
(____) ____ -- _____ Home
(____) ____ -- _____ Cellular

ALDERMAN/VILLAGE TRUSTEE

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ -- ____

Work
Home
Cellular

ALDERMAN/VILLAGE TRUSTEE

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ -- ____

Work
Home
Cellular

ALDERMAN/VILLAGE TRUSTEE

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ -- ____
(____) ____ -- ____

Work
Home
Cellular

CITY/VILLAGE CLERK

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ -- ____

Work
Home
Cellular

CITY/VILLAGE TREASURER

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ -- ____

Work
Home
Cellular

BILLING CLERK/COLLECTOR

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ -- ____

Work
Home
Cellular

WATER/WASTEWATER SECRETARY

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ -- ____

Work
Home
Cellular

POLICE CHIEF

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ - ____

Work
Home
Cellular

FIRE CHIEF

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ -- ____

Work
Home
Cellular

1.2 PUBLIC WORKS EMPLOYEES
PUBLIC WORKS DIRECTOR

Name

Address

City, IL zip
() -
() -
() -

Work
Home
Cellular

WATER SUPERINTENDENT

Name

Address

City, IL zip
() -
() -
() -

Work
Home
Cellular

RESPONSIBLE WATER OPERATOR IN CHARGE

Name

Address

City, IL zip
() -
() -
() -

Work
Home
Cellular

WATER PLANT OPERATOR

Name

Address

City, IL zip
() -
() -
() -

Work
Home
Cellular

WATER DISTRIBUTION SYSTEM MAINTENANCE

Name

Address

City, IL zip
() -
() -
() -

Work
Home
Cellular

LABORER

_____ Name
_____ Address
_____ City, IL zip
(____) ____ - ____
(____) ____ - ____
(____) ____ - ____

Work
Home
Cellular

LABORER

_____ Name
_____ Address
_____ City, IL zip
(____) ____ - ____
(____) ____ - ____
(____) ____ - ____

Work
Home
Cellular

LABORER

_____ Name
_____ Address
_____ City, IL zip
(____) ____ - ____
(____) ____ - ____
(____) ____ - ____

Work
Home
Cellular

SEWER SUPERINTENDENT

_____ Name
_____ Address
_____ City, IL zip
(____) ____ - ____
(____) ____ - ____
(____) ____ - ____

Work
Home
Cellular

RESPONSIBLE SEWER OPERATOR IN CHARGE

_____ Name
_____ Address
_____ City, IL zip
(____) ____ - ____
(____) ____ - ____
(____) ____ - ____

Work
Home
Cellular

SEWER PLANT OPERATOR

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ - ____

Work
Home
Cellular

SEWER COLLECTION SYSTEM MAINTENANCE

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ - ____

Work
Home
Cellular

STREET SUPERINTENDENT

_____ Name
_____ Address
_____ City, IL zip

(____) ____ - ____
(____) ____ - ____
(____) ____ - ____

Work
Home
Cellular

LABORER

_____ 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
_____ City, IL zip
(____) ____ - _____ Office
(____) ____ - _____ 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 EMERGENCY SERVICES DISASTER AGENCY

_____ **County ESDA**

_____, Coordinator

_____ Address

_____ City, IL zip

(____) ____ - _____ Business Phone
(____) ____ - _____ EOC Phone
(____) ____ - _____ Fax

1.8 COUNTY HEALTH DEPARTMENT

_____ **County Health Department**

_____ Address

_____ city, IL zip

(____) ____ - _____ Phone
(____) ____ - _____ Fax

1.9 ILLINOIS RURAL WATER ASSOCIATION

3305 Kennedy Road

PO Box 49

Taylorville, IL 62568

(217) 287 – 2115

(217) 287 – 1190

(217) 824 – 8638

www.ilrwa.org

Phone

Alternate Phone

Fax

Web Address

1.10 LOCAL TOWNSHIP INFORMATION

_____ Township

_____, Commissioner

(____) ____ – _____

Garage

(____) ____ – _____

Home

1.11 COUNTY HIGHWAY DEPARTMENT

_____ County Highway Department

_____, Commissioner

(____) ____ – _____

Garage

(____) ____ – _____

Home

1.12 ILLINOIS STATE POLICE DISTRICT OFFICE

District #__ Commander

_____ Name

_____ Address

_____ City, IL zip

(____) ____ – _____

Phone

Counties Served: _____

1.13 FEDERAL BUREAU OF INVESTIGATION

FBI Springfield

Suite 400
400 West Monroe Street
Springfield, IL 62704-1800
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
(312) 431 – 1333

Phone

2.0 LOCAL NOTIFICATION (BY AUTHORIZED PERSONNEL)

2.1 POLICE DEPARTMENT

Village/City of _____ Police Department

_____ Address

_____ City, IL zip

(____) ____ – _____ Non-emergency

(____) ____ – _____ Fax

(____) ____ – _____ Cellular

(911) _____ Emergency

2.2 FIRE DEPARTMENT

Village/City/District of _____ Fire Department

_____ Address

_____ City, IL zip

(____) ____ – _____ Non-emergency

(911) _____ Emergency

2.3 COUNTY SHERIFF’S DEPARTMENT

_____ County Sheriff’s Department

_____ Address

_____ City, IL zip

(____) ____ – _____ Non-emergency

(911) _____ Emergency

2.4 MEDIA OUTLETS

2.4.1 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

2.4.2 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

2.4.3 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

2.5 HEALTHCARE ORGANIZATIONS

2.5.1 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

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

4.1.6 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

4.1.9 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
(____) ____ - _____ Phone
(____) ____ - _____ After Hours Phone

_____ **Name of hospital**
_____ Address
_____ City, IL zip
(____) ____ - _____ Phone
(____) ____ - _____ After Hours Phone

_____ **Name of clinic**
_____ Address
_____ City, IL zip
(____) ____ - _____ Phone
(____) ____ - _____ After Hours Phone

_____ **Name of clinic**
_____ Address
_____ City, IL zip
(____) ____ - _____ Phone
(____) ____ - _____ After Hours Phone

_____ **Name of nursing home**
_____ Address
_____ City, IL zip
(____) ____ - _____ Phone
(____) ____ - _____ After Hours Phone

_____ **Name of nursing home**
_____ Address
_____ City, IL zip
(____) ____ - _____ Phone
(____) ____ - _____ After Hours Phone

5.2 SCHOOLS

_____ **Elementary School**

_____ Address
_____ City, IL zip
(____) ____ - _____ Phone
(____) ____ - _____ After Hours Phone

_____ **Middle School**

_____ Address
_____ City, IL zip
(____) ____ - _____ Phone
(____) ____ - _____ After Hours Phone

_____ **High School**

_____ Address
_____ City, IL zip
(____) ____ - _____ 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

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?)

(Please add your own notes to the following pages for your Boil Water Order Procedures)

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
_____, Mayor/Village Board President

_____, Signature
_____, Alderman/Village Trustee/Water
Committee Chair

_____, Signature
_____, Public Works Director

_____, Signature
_____, Water Superintendent

_____, Signature
_____, Water Plant Operator

_____, Signature
_____, Wastewater Superintendent

_____, Signature
_____, Wastewater Plant Operator

_____, Signature
_____, Street Superintendent

(Appendix A)

CITY/VILLAGE OF _____ WATER DEPARTMENT

BOIL ORDER NOTICE

At _____ (time) (am or pm) on _____ (date) the
City/Village of _____ 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 _____ (name),
_____ (title) at (____) ____ - ____.

ILLINOIS RURAL WATER ASSOCIATION

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Southern IL Water Circuit Rider	Roger Noe
Central IL Water Circuit Rider	Chuck Woodworth
Southern IL Wastewater Circuit Rider	John Bell
Northern IL Wastewater Circuit Rider	Jeff McCready
Training Specialist	Dave McMillan
State Circuit Rider	Clark Cameron
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