

**CITY/VILLAGE OF**

---

**WATER DEPARTMENT**

**FACILITY NUMBER**

---

**CONTINGENCY  
PLAN FOR  
EMERGENCY  
PREPAREDNESS**

## TABLE OF CONTENTS

<b>SECTION 1.0</b>	<b>EMERGENCY CONTACTS</b>
1.1	ELECTED AND/OR APPOINTED OFFICIALS
1.2	EMPLOYEES
1.3	ILLINOIS EPA REGIONAL OFFICE
1.4	IEPA EMERGENCY ACTION CENTER
1.5	NATIONAL RESPONSE CENTER
1.6	CHEMTREC
1.7	ILLINOIS RURAL WATER ASSOCIATION
1.8	EMERG. SERVICES DISASTER AGENCY
1.9	COUNTY HEALTH DEPARTMENT
1.10	LOCAL TOWNSHIP INFORMATION
1.11	COUNTY HIGHWAY DEPARTMENT
1.12	IL STATE POLICE DISTRICT OFFICE
1.13	FEDERAL BUREAU OF INVESTIGATION
<b>SECTION 2.0</b>	<b>LOCAL NOTIFICATION</b>
2.1	COUNTY SHERIFF'S DEPARTMENT
2.2	FIRE DEPARTMENT
2.3	MEDIA OUTLETS
2.3.1	NEWSPAPERS
2.3.2	RADIO STATIONS
2.3.3	TELEVISION STATIONS
2.4	HEALTHCARE ORGANIZATIONS
2.4.1	HOSPITALS
2.4.2	CLINICS
<b>SECTION 3.0</b>	<b>INVENTORY INFORMATION</b>
3.1	MAPS AND DRAWINGS
3.2	MATERIAL & CHEMICAL INVENTORY
3.3	TOOLS AND EQUIPMENT
<b>SECTION 4.0</b>	<b>SOURCES OF SUPPLIES AND SERVICES</b>
4.1	CONTRACTORS & SUPPLIERS
4.1.1	WELL CONTRACTORS
4.1.2	PLUMBING CONTRACTORS
4.1.3	EXCAVATOR/MECHANICAL CONTRACTOR
4.1.4	CHEMICAL SUPPLIERS
4.1.5	PARTS SUPPLIERS

- 4.1.6 MUTUAL AID
- 4.1.7 WATER TESTING LABORATORIES
- 4.1.8 ELECTRICAL CONTRACTORS
- 4.1.9 ELECTRIC UTILITIES
- 4.1.10 GAS UTILITIES
- 4.1.11 TELEPHONE COMPANIES
- 4.1.12 CONSULTING ENGINEERS
- 4.1.13 OTHER/MISCELLANEOUS

**SECTION 5.0 MAJOR AND SENSITIVE CUSTOMERS**

- 5.1 HEALTH CARE
- 5.2 SCHOOLS
- 5.3 COMMERCIAL/INDUSTRIAL

**SECTION 6.0 ALTERNATE WATER SOURCES**

- 6.1 INTERCONNECTS
- 6.2 WATER TRUCKED IN

**SECTION 7.0 FLOOD PROTECTION**

- 7.1 WELLS
- 7.2 WATER TREATMENT PLANT

**SECTION 8.0 POWER & MECHANICAL FAILURES**

- 8.1 ELECTRICAL FAILURES
- 8.2 MECHANICAL FAILURES
- 8.3 DISTRIBUTION SYSTEM FAILURES

**SECTION 9.0 BOIL WATER ORDER PROCEDURES**

- 9.1 SMALL SECTION OF SYSTEM
  - 9.1.1 ISSUING BOIL WATER ORDER
  - 9.1.2 LIFTING BOIL WATER ORDER
- 9.2 ENTIRE SYSTEM
  - 9.2.1 ISSUING BOIL WATER ORDER
  - 9.2.2 LIFTING BOIL WATER ORDER

**SECTION 10.0 EMPLOYEE TRAINING**

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

**Date Completed \_\_/\_\_/2011  
Date Last Revised \_\_/\_\_/2011**

**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



**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



**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](http://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](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 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

### 2.5.2 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

**4.1.11 TELEPHONE COMPANY**

\_\_\_\_\_ **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

**4.1.12 CONSULTING ENGINEERS**

\_\_\_\_\_ **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  
3305 KENNEDY ROAD  
PO BOX 49  
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</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 Circuit Rider</b>	<b>John Bell</b>
<b>Wastewater Circuit Rider</b>	<b>Bill Dowell</b>