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

FACILITY NUMBER

**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 49

Taylorville, IL 62568

(217) 287 – 2115 Phone

(217) 287 – 1190 Alternate Phone

(217) 824 – 8638 Fax

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
(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 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

4.1.11 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
() ____ - ____ 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

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

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

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)

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
PO BOX 49
TAYLORVILLE, IL 62568
(217) 287 – 2115 PHONE
(217) 287 – 1190 PHONE
(217) 824 – 8638 FAX
www.ilrwa.org

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