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(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.

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

FACILITY NUMBER

**CONTINGENCY
PLAN FOR
EMERGENCY
PREPAREDNESS**

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_____ PUBLIC WATER
COMMISSION/DISTRICT/CO-OP
CONTINGENCY PLAN FOR EMERGENCY PREPAREDNESS
Date Completed __/__/2017
Date Last Revised __/__/2017

1.0 EMERGENCY CONTACTS

1.1 ELECTED AND/OR APPOINTED OFFICIALS
BOARD PRESIDENT

_____ Name
_____ Address
_____ City, IL zip
() ___ - _____ Work
() ___ - _____ Home
() ___ -- _____ Cellular

VICE PRESIDENT

_____ Name
_____ Address
_____ City, IL zip
() ___ - _____ Work
() ___ -- _____ Home
() ___ -- _____ Cellular

SECRETARY

_____ Name
_____ Address
_____ City, IL zip
() ___ - _____ Work
() ___ -- _____ Home
() ___ -- _____ Cellular

TREASURER

_____ Name
_____ Address
_____ City, IL zip
() ___ - _____ Work
() ___ -- _____ Home
() ___ -- _____ Cellular

BOARD MEMBER

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

Work
Home
Cellular

BOARD MEMBER

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

Work
Home
Cellular

BOARD MEMBER

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

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

1.8 EMERGENCY SERVICES DISASTER AGENCIES

_____ **County ESDA**
_____ Coordinator
_____ Address
_____ City, IL zip
() - Business Phone
() - EOC Phone
() - Fax

_____ **County ESDA**
_____ Coordinator
_____ Address
_____ City, IL zip
() - Business Phone
() - EOC Phone
() - Fax

_____ **County ESDA**
_____ Coordinator
_____ Address
_____ City, IL zip
() - Business Phone
() - EOC Phone
() - Fax

_____ **County ESDA**
_____ Coordinator
_____ Address
_____ City, IL zip
() - Business Phone
() - EOC Phone
() - Fax

_____ **County ESDA**
_____ Coordinator
_____ Address
_____ City, IL zip
() - Business Phone
() - EOC Phone

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**

_____ Contact Name
_____ Address
_____ City, IL zip
(____) ____ -- _____ Garage
(____) ____ -- _____ Home

_____ **County Highway Department**

_____ Contact Name
_____ Address
_____ City, IL zip
(____) ____ -- _____ Garage
(____) ____ -- _____ Home

_____ **County Highway Department**

_____ Contact Name
_____ Address
_____ City, IL zip
(____) ____ -- _____ Garage
(____) ____ -- _____ Home

_____ **County Highway Department**

_____ Contact Name
_____ Address
_____ City, IL zip
(____) ____ -- _____ Garage
(____) ____ -- _____ Home

_____ **County Highway Department**

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

4.1.3 EXCAVATORS/MECHANICAL 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

4.1.4 CHEMICAL 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

4.1.7 WATER TESTING LABORATORIES

_____ **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

4.1.8 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

() ____ - ____
() ____ - ____
() ____ -- ____
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Name of company
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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

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
Source Water Protection Specialist	Mark Mitchell
Northern IL Water Circuit Rider	Evan Jones
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/Marketing	Phil Donelson