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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 EMERGENCYPREPAREDNESS** Date Completed __/__/2019 Date Last Revised __/_ /2019 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 SUPERINTE	ENDENT	
	Name	
	Address	
	City, IL zip	.
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DESPONSIBLE WAT	TED OBEDATOR	
RESPONSIBLE WAT	Name	IN CHARGE
	Address	
	City, IL zip	
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WATER PLANT OPE		
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WATER DISTRIBUTION		NTENANCE
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LABORER		
()	_Name _Address _City, IL zip	Work
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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 - 786024-Hour Toll Free NATIONAL RESPONSE CENTER 24-Hour Toll Free (800) 424 - 88021.6 CHEMTREC (800) 424 - 930024-Hour Toll Free 1.7 ILLINOIS RURAL WATER ASSOCIATION 3305 Kennedy Road PO Box 49 Taylorville, IL 62568 (217) 287 - 2115Phone (217) 287 - 1190Alternate Phone (217)824 - 8638Fax www.ilrwa.org Web Address

1.8	EMERGENCY S	SERVICES DISAS County ESDA	TER AGENCIES
		Coordinator Address City, IL zip	
(_)		Business Phone EOC Phone Fax
		County ESDA Coordinator Address City, IL zip	
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		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 H	HEALTH DEPARTMEN	_
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			County Health Depart	ment
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	_		City, IL zip	Phone
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			County Health Depart	ment
			Address	
	_		City, IL zip	
(_)		_	Phone
(_)		_	Fax

1.10 COUNTY HIGHWA	AY DEPARTMEN y Highway Dep	
	Contact Nar	
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	City, IL zip	0
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County	Highway Depar	
	Contact Nar Address	me
	City, IL zip	
()	•	Garage
()		Home
County	Highway Depar	
	Contact Nar Address	me
	City, IL zip	
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()		Home
County	Highway Depar	
	Contact Nar Address	me
	City, IL zip	
()	-	Garage
()		Home
County	Highway Depar	
	Contact Nar	me
	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 - 9675Phone **FBI Chicago** Room 905 E.M. Dirksen Federal Office Building 219 South Dearborn Street Chicago, IL 60604-1702 chicago.fbi.gov (312) 431 - 1333Phone

	County Sheriff's [Department
	, Sheriff	
	Address	
(<u>)</u> — (911)	City, IL zip	Non-emergency
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2.2 FIRE & RESCUE DEF	PARTMENT	S
Fire Depart	artment	
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	Address	
	City, IL zip	
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Fire Depa	artment	
	Contact Na	ame
	Address	
	City, IL zip	
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()		Fire House Home
()		потпе
Fire Depa		
	Contact Na	ıme
	Address	
	City, IL zip	-
()		Fire House
()		Home

2.3 MEDIA OUTLETS 2.3.1 NEWSPAPERS

			Name	of paper
			_Address	
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			Name	of paper
			_Address	
			City, IL zip	
(_)	- 	-	Phone Fax
			Name	of paper
			_Address	
			City, IL zip	
()			Phone
()			Fax
				of paper
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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 STA	
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	Address
	City, state zip
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	Call letters and channel #
	Address
	City, state zip
() –	Phone
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	Call letters and channel #
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	Call letters and channel #
	Address
	City, state zip
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()	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 companyAddressCity, 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
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()	Fax
	Name of company
	Address
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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

4.1.3 EXCAVATORS/MECH	
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()	Fax
	Name of company
	Address
	City, state zip
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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

4.1.5 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

4.1.7 WATER TESTING LABORATORIES	
	Name of company
	Address
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	City, state zip
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	Name of company
	Address
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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
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	City, state zip
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(Cellular
(Fax
	Name of company
	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
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4.1.11	TELEPHONE	COMPANY
		Name of company
		Address
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		Name of company
		Address
		City, state zip
()		Phone
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()		Fax
4.1.12	CONSULTING	S ENGINEERS
		Name of company
		Address
		City, state zip
()		Phone
()		After Hours Phone
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		Name of company
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4.1.13 OTHER/MISCELLANEOUS		
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()		Cellular
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J.U.L.I.E	.	
(811)		Toll Free
` ,	2 – 0123	Toll Free
` '		

(This section is intended to include ONLY your systems customers.) 5.0 MAJOR AND SENSITIVE CUSTOMERS

HEALTH CARE 5.1

	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
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· · · · · · · · · · · · · · · · · · ·	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

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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 SMALL SECTION OF SYSTEM** 9.1 9.1.1 ISSUING BOIL WATER ORDER ➤ Notify IEPA – _____Regional Office Regional Manager: _____ (___) __ - ___ Office (___) __ - ___ Fax ➤ Notify ____ County Health Department Office __) ___ - ____ 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

Regional		Re	egional Office
()		Office	
		Fax	
Notify _		County Health D	epartment
()		Office	
()	_ —	Fax	
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9.2.2 LIFTII		I LIN ONDLIN	
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After redNotify IERegional	ceiving notice EPA –	of clean sample Re	
> After rec > Notify IE Regional ()	ceiving notice PA – Manager: _ –	Office Fax	egional Office
> After reconstruction > Notify IE Regional ()	ceiving notice PA – Manager: _ –	Office Fax County Health D	egional Office
➤ After rec ➤ Notify IE Regional ()	ceiving notice PA – Manager: _ –	Office Fax	egional Office

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 <mark>(time) (am or pm)</mark> on	(date) the
orecautionary BOIL ORDER affecting ocated)	, ,
Water supply personnel will return the soon as possible (by action)	
	,
(<mark>after event)</mark>	·
After bacteriological samples demons domestic use. At present, the water in (may be) (is) subject to bacteriological cause a number of waterborne diseas gastrointestinal distress.	n the distribution system al contamination, which may
Customers in the affected area are er drinking or culinary purposes by bring 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 Specialist Dave McMillan

State Circuit Rider Clark Cameron

Energy Efficiency Circuit Rider Brandon Windell