Community Water Systems Boil Water Notice Checklist

This is a checklist that is designed to help Public Water System owners and operators comply with boil
water notice requirements found in the Department of Health Boil Water Notice Guidelines, and Chapters
62-555 and 62-560, FAC.

Notify the affected customers within 24 hours (62-560.410(1)(a)1., FAC).

- o If it is a localized event, notify individual residences and establishments within the affected area via door-hangers or other means as appropriate.
- o If it is a large-scale event, call, e-mail, or fax the PBWN to the media serving the affected area.

The notice must contain (please see the recommended template for PBWNs: http://www.floridahealth.gov/environmental-health/drinking-water/attacha.pdf

- Water system name and contact information
- A description of the incident, including the time and date it occurred
- The specific geographic area affected
- Corrective action
- What precautionary measures the public should take
- Specify that the PBWN will be officially rescinded following the receipt of satisfactory microbiological sampling.
- Any other information required in 62-560.410(5), FAC.

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	our regulatory agency (DEP District Office or ACHD) as soon as possible, but no later than next business day (62-555(10)(b), FAC).
	ry Agency Name:
Phone N	umber:
Contact I	Person:
	ur local CHD if your regulatory agency is the DEP District Office (62-555.335(18), FAC). oridahealth.gov/programs-and-services/county-health-departments/find-a-county-health-ndex.html
Notify yo	ur county Emergency Operations Center (during a declared emergency).
Correctiv	e actions / repairs complete
(3), FAC) as o For a micro	system-wide outage, collect water samples according to your approved written biological sampling plan. For a community system this is the monthly compliance set.
	smaller outage, collect one (1) sample per 1,000 people affected, with a minimum of two vithin the specific area affected.
For wate required.	r main breaks two consecutive days of satisfactory samples (62-555.340(2)(a),(b), FAC). is
Copy of t	he lab results sent to your regulatory agency (62-555.340(2)(c), FAC)
Regulato	ry agency approval to rescind the PRWN (62-555 340(5), FAC)