



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Drinking Water Incident/Malfunction Report Form

Submit the completed form by email to DEP_CD@FloridaDEP.gov

PWS ID: _____ PWS Name: _____

Contact Person: _____ Phone: _____

Date: _____ Time: _____ Was the event a planned outage _____ or a malfunction? _____

Time water system was/is expected to be back in service: Time: _____

Situation was reported to:

DEP _____ Date: _____ Time: _____ Person Contacted: _____

Health Dept. _____ Date: _____ Time: _____ Person Contacted: _____

Other _____ Date: _____ Time: _____ Person Contacted: _____

Location of trouble: _____

If material failure, give a (complete as possible) description of the material(s) including size, type, any available manufacturing information shown on the failed product. If known, include cause of failure:

Statement of trouble: _____

Corrective action: _____

Number of customers affected: _____

Were customers notified? _____ Explain _____

Was a precautionary boil water notice issued? _____

Was water line flushed and chlorine residual restored prior to placing back into service? _____

Were bacteriological samples taken? _____ Location taken: _____

If a Precautionary Boil Water Notice was issued, please attach or submit together with this report. Bacteriological reports (2 days) as well as a rescission notice must follow.

Additional remarks: _____

