

Abnormal Event & Maintenance Report

Utility Name: _____ PWS I.D. Number: _____

In accordance with Rule 62-555.350(10), F.A.C. the D.E.P. must be notified within 24 hours of any abnormal event. This form is for your convenience. **DEP Fax # 850-412-0590**, or e-mail **Philip.Reed@dep.state.fl.us**.

Please note that all repair materials must be ANSI or NSF certified for potable water use, and must be "like for like" with respect to the capacity, size, type of material and location/alignment.

Date/time: _____ Reported By: _____ Phone: _____

PLEASE CHECK [X] THE APPROPRIATE BOXES BELOW.

[] Reportable Abnormal Event

- Occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water
- Failure of a public water system to comply with applicable disinfection requirements
- Water main break
- Zero Pressure Repaired using BMP Repaired under pressure

Location: _____

Size of Water Main Broken? _____

Was precautionary boil water notice issued? Yes or No

Date Issued: _____

Number of Service Connections Affected? _____

Number of people affected? _____

Location / Area affected by precautionary boil water notice _____

- Water plant failure
- Reactor / Clarifier failure
- Filtration failure
- High Service Pump failure / Pump number _____
- Tank failure / Tank _____
- Well pump failure / Well # _____
- Power outage / Generator failure / Electrical issue
- Chemical feed system failure: Which Chemical: _____
- Turbidity MCL violation: Daily Monthly Please Provide Turbidity Chart to DEP
- Maximum Contaminant Level Violation / Specify what contaminant & level: _____
- Breach of security: Yes or No State Warning Point notified? Yes or No
- Hurricane related / Name of storm: _____
- Other: _____

[] Maintenance

- Zero Pressure Repaired using BMP Repaired under pressure

Was precautionary boil water notice issued? Yes or No

Date Issued: _____

Number of Service Connections Affected? _____

Number of people affected? _____

Location / Area affected by precautionary boil water notice _____

- Water Main Replacement Location _____
- H.S. Pump Replacement Location _____
- Valve Replacement Location _____
- Nipple replacement Location _____
- Well Pump Replacement Well # _____
- Conversion from Chloramine to Free Chlorine
- Conversion from Free Chlorine to Chloramine
- Public was notified as required prior to the change in disinfection Date _____
- Other: _____

Corrective Action / Repairs Being Taken: _____

Estimated time for completion of repairs _____

Bacteriological re-clearance samples required? Yes or No

Confirmation samples collected? Yes or No

>>> Please report all chemical and oil spills to the D.E.P. by calling 1-800-320-0519, 24 hours a day<<<

Suppliers of water shall telephone the State Warning Point at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system.