BOIL WATER NOTICE

A problem is present in __________________ water

( name of Public Water System )

BOIL YOUR WATER BEFORE USING

Bring tap water to a rolling boil, boil for one minute, and cool before using.
Or use bottled water certified for sale by the New York State Department of Health. Boiled or bottled water should be used for drinking, making ice, washing dishes, brushing teeth, and preparing food until further notice.

This Boil Water Notice applies to _____________________________.

(describe area or attach map)

What Happened ?

Starting on ______________ the water system had the following problem:

( date, and time if known )

(explain cause of problem )

This problem indicates that harmful microbes may be present in your drinking water. Harmful microbes in drinking water can cause diarrhea, cramps, nausea, headaches, or other symptoms and may pose a special health risk for infants, some elderly, and people with severely compromised immune systems. But these symptoms are not just caused by microbes in drinking water. If you experience any of these symptoms and they persist, you should seek medical advice.

What is being done ?

(describe corrective actions )

It is likely that you will need to boil water for the next _______days _______hours until the problem is fixed. You will be informed when tests show that you no longer need to boil your water.

For more information, please contact:

________________________ of the __________________ at ________________.

(name of person ) ( name of Public Water System ) ( phone number )
or the __________________ of the __________________ at ________________.

( County/District Office ) ( phone number )

Please share this information with other people who drink this water, especially anyone who may not get this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

State Water System ID#: _______________________ Date distributed: ______________