

DRINKING WATER WARNING

_____ 's _____ Tested Positive for Fecal Indicator
(System Name) (Source Name- i.e. Well #1)

BOIL YOUR WATER BEFORE USING

Our water system recently detected a fecal indicator (*E. coli*)* in our source. As our customers, you have a right to know what happened and what we are doing to correct this situation. On [give date] _____, we collected a sample from our source water. The sample tested positive for *E. coli*.

What should I do? What does this mean?

- **DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for three minutes, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation until further notice. Boiling kills bacteria and other organisms in the water.
- **Fecal indicators are microbes whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term health effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, some of the elderly, and people with severely compromised immune systems.**
- The symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice from their health care providers about drinking this water.

What is being done?

(Describe corrective action) _____

We will inform you when tests show no *E. coli* and you no longer need to boil your water. We anticipate resolving the problem within (estimated time frame) _____. For more information, please contact (name of system's contact) _____ at (number) _____ or (mailing address) _____. General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 1-800-426-4791.

Please share this information with all the other people who drink this water, especially those who may not have received 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.

This notice is being sent to you by (system name) _____
Public Water System ID#: _____
Date distributed: _____.

Template on Reverse

Since detection of a fecal indicator (*E. coli*, enterococci or coliphage) in a ground water source sample is a situation requiring Tier 1 notice, you must provide public notice to persons served as soon as practical but no more than 24 hours from learning of the violation [40 CFR 141.202(b)]. During this time, you must also contact your primacy agency. You should also coordinate with your local health department. You must use one or more of the following methods to deliver the notice to consumers [40 CFR 141.202(c)]:

- Radio
- Television
- Hand or direct delivery
- Posting in conspicuous locations

You may need to use additional methods [e.g., newspaper, delivery of multiple copies to hospitals, clinics, or apartment buildings] since notice must be provided in a manner reasonably calculated to reach all persons served. If you post or hand deliver, print your notice on your system's letterhead, if you have it. The notice on the reverse is appropriate for hand delivery or for publication in a newspaper. However, you may wish to modify it before using it for a radio or TV broadcast. If you do modify the notice on the reverse, you must still include all required PN elements from 40 CFR 141.205(a) and leave the mandatory language unchanged (see below).

Mandatory Language

Mandatory language on health effects (from Appendix B to Subpart Q) must be included as written (with blanks filled in) and is presented in this notice in italics and with an asterisk on either end.

You must also include standard language to encourage the distribution of the public notice to all persons served, where applicable [40 CFR 141.205(d)]. This language is also presented in this notice in italics and with an asterisk on either end.

Alternative Sources of Water

If you are selling or providing bottled water, your notice should say where it can be obtained. Remember that bottled water can also be contaminated. If you are providing bottled water, make sure it meets US Food and Drug Administration (FDA) and/or state bottled water safety standards.

Corrective Action

In your notice, describe corrective actions you are taking. Listed below are some steps commonly taken by water systems that have detected a fecal indicator in their ground water source. Depending on the corrective action you are taking, you can use one or more of the following statements, if appropriate, or develop your own text:

- We are increasing sampling at our sources to determine the source of the contamination.
- We are working with state officials to implement corrective actions to ensure water supplies are protected against contamination.
- We are providing water from an alternative source until the problem is resolved.
- We have discontinued use of the contaminated well and will rely on our other sources to meet demand.

After Issuing the Notice

Please mail the statement of certification below and a copy of the printed notice and the date(s) the notice was either posted or mailed. Send this copy and certification to EPA Region 8 within ten days from the time you issue the notice (141.31(d)). Send the copy of your notice and dates to:

GWR Manager
US EPA Region 8
Drinking Water Program (8WD-SDA)
1595 Wynkoop Street
Denver, CO 80202-1129

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

CERTIFICATION OF PUBLIC NOTIFICATION

I _____ certify that the attached public notice was issued from

(PWS Operator/Responsible Party)

_____ to _____. The notice attached was issued by
(Date) (Date)

_____ for the GWR fecal indicator positive(s) that occurred on

_____. (Describe method of delivery – by hand, mail, etc) _____
(Date)

Signature _____ Date _____

Public Water System Name: _____ PWS ID Number: _____