

DRINKING WATER WARNING

_____ water is **Contaminated with *E. coli***
(Name of Water System)

BOIL YOUR WATER BEFORE USING

What should I do?

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for three (3) 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.

What does this mean?

Inadequately treated or inadequately protected water may contain disease-causing organisms. These organisms can cause symptoms such as diarrhea, nausea, cramps and associated headaches. *E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Human pathogens in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a greater health risk for infants, young children, some of the elderly, and people with severely-compromised immune systems.* These symptoms 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.

What happened? What is being done?

Our water system detected *E. coli* bacteria in a pipe of our distribution system. As our customers, you have a right to know what happened and what we are doing to correct this situation. On (date) _____, we learned that coliform bacteria were present in at least one of our routine samples collected on (date) _____. As required by the Revised Total Coliform Rule, one of our follow-up steps was to collect repeat samples at and near the location where the positive sample was originally taken. On (date) _____, we learned that coliform bacteria were also present in at least one of our repeat samples collected on (date) _____. Our water system had a combination of routine and repeat positive samples where at least one of the positive coliform bacteria samples was also *E. coli* positive, which resulted in an *E. coli* maximum contaminant level (MCL) violation. We are now conducting a thorough investigation to determine the source of the contamination.

Corrective action being taken includes (e.g., location of alternative water):

We will inform you when tests show no bacteria 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 contact) at _____ (phone 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.

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ATTENTION: PWS OPERATOR/RESPONSIBLE PARTY

Since exceeding the *E. coli* maximum contaminant level is a violation that requires Tier 1 public notification, you must provide public notice to persons served as soon as practical but ***within 24 hours*** after you learn of the violation (141.202(b)). During this same 24-hour period, you must also contact the Region 8 EPA Revised Total Coliform Rule Manager at 303-312-6072. If the emergency occurs after-hours or on the weekend, please call 303-312-6327. You should also coordinate with your local health department. You may also have to modify this template for your particular circumstances.

You **must** use one or more of the following methods to deliver the notice to consumers (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 apartments) since notice must be provided in a manner reasonably calculated to reach all persons served.

This notice template is appropriate for hand delivery or newspaper publication. However, you may wish to modify it before using it for a radio or TV broadcast. If you do, you must still include all required PN elements and leave the health effects language in italics unchanged. This language is mandatory (141.205(d)). If you post or hand deliver the notice, you can print your notice on your water system letterhead.

Corrective Action

In your notice, describe corrective actions you are taking. Listed below are some steps commonly taken by water systems with *E. coli* violations. You can use one or more of the following actions, if appropriate, or develop your own:

- We are chlorinating and flushing the water system.
- We are switching to an alternate drinking water source.
- We are increasing sampling for coliform bacteria to determine the source of the contamination.
- We are repairing the wellhead seal.
- We are restricting water intake from the river/lake/reservoir to prevent additional bacteria from entering the water system and restricting water use to emergencies.

After Issuing the Notice

Please send the copy of your public notice and certification using one of the following methods:

Email: R8DWU@epa.gov

Fax: 303-312-7517

Mail: RTCR Manager
US EPA REGION 8, Drinking Water Program (8WD-SDR)
1595 Wynkoop Street
Denver, CO 80202-1129.

If you have questions about your Revised Total Coliform Rule violation, please call Jamie Harris, the RTCR Manager at 303-312-6072.

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 RTCR Violation that occurred on _____.
(Method of delivery – by hand, mail, etc) (Date)

Signature _____ Date _____

Public Water System Name: _____ PWS ID Number: _____

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