

HEALTH DEPARTMENT BOIL WATER NOTICE

DATE: _____

TIME: _____

A Boil Water Notice has been issued to customers of the _____
(Water System Name)

Public Water System (PWSID _____) serving the area of _____
(Area served by Water System)

All customers should boil water used for drinking, cooking, bathing, and brushing teeth until further notice. Water should be brought to a rolling boil for at least one minute before using.

- ☐ No Disinfectant Residual in the distribution system.
- ☐ Microbiological Contamination
- ☐ Operational Failure or Emergency
- ☐ No Operator
- ☐ Other _____.

You will be notified when the Boil Water Notice has been lifted. For further information, please
Contact _____
(State/Local Health Department)

Issued by:

Name

Representing

Telephone: _____

E-mail: _____

Fax: _____

Date: _____

Rescinded by:

Name

Representing

Telephone: _____

E-mail: _____

Fax: _____

Date: _____