

# Water Main Break/WTP Malfunction/Maintenance Report

Please note: In accordance with Rules 62-550 and 62-555, FAC, the Department must be notified within 24 hours of any abnormal occurrences.

The use of this form is recommended.

Once complete, please submit this form by email to: *NWDPWS@FloridaDEP.gov*

For questions, please call **(850) 595-0587**

Utility: \_\_\_\_\_

PWS I.D. Number: \_\_\_\_\_

Reported to: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reported by: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you reporting scheduled maintenance? Yes No

Are you reporting a water main break? Yes No Size of water main broken? \_\_\_\_\_

Was a precautionary boil water notice issued? Yes No If PBWN was not issued, please explain why?

\*Please note: bacteriological samples must still be collected for BMP repairs.

Date issued: \_\_\_\_\_ How was it issued? \_\_\_\_\_

Was the local Health Department notified? Yes No

Other: \_\_\_\_\_

Was water service interrupted? Yes No How long was service interrupted? \_\_\_\_\_

Address/Location of water main break or scheduled maintenance: \_\_\_\_\_

Number of **Residential** connections affected? \_\_\_\_\_ Number of **Commercial** connections affected? \_\_\_\_\_

Were any critical use facilities affected? Yes No

If yes, select those affected: school child day care establishment assisted living facility

nursing home dialysis center hospital/health care center

food establishment

**Malfunction OTHER THAN MAIN BREAK (check ALL that apply)**

**Maintenance (check ALL that apply)**

- \_\_\_ Zero pressure \_\_\_ Pressure below 20 psi
- \_\_\_ Plant shut down
- \_\_\_ Chlorine residual below 0.2 free mg/L
- \_\_\_ High service pump failure
- \_\_\_ Clarifier Failure \_\_\_ Filtration system problem
- \_\_\_ Well Pump Failure
- \_\_\_ Power outage
- \_\_\_ Chemical feed system failure: Chemical: \_\_\_\_\_
- \_\_\_ Turbidity MCL violation \_\_\_ Daily \_\_\_ Monthly

- \_\_\_ Clean aerator
- \_\_\_ Clean storage tank
- \_\_\_ H.S. Pump replacement
- \_\_\_ Well pump replacement: Well # \_\_\_\_\_
- \_\_\_ Water main replacement: Size \_\_\_\_\_
- \_\_\_ Valve Replacement: Size \_\_\_\_\_
- \_\_\_ Other, explain: \_\_\_\_\_

Additional Information:

Estimated time for completion of repairs/scheduled maintenance: \_\_\_\_\_

Bacteriological samples required? \_\_\_\_\_ Number of samples and date(s) of collection: \_\_\_\_\_

Chemical recheck samples required? \_\_\_\_\_ Number of samples and date(s) of collection: \_\_\_\_\_

**Please e-mail or fax bacteriological and chemical results and/or notice of rescission ASAP to the DEP.  
Please remember to report this event on your next Monthly Operating Report (MOR).**