

BOIL WATER ORDER - For Community Water System

PWS Name: Nyack Village PWS Id No: NY430366
Delivered To: Harry Williams Title: Superintendent
Delivered Date: 6/21/11 Time: _____ Method: (circle) hand delivery / fax / e-mail

It has been determined that a condition at your community water system exists, or is imminent, that could cause illness and that immediate corrective action is required to protect public health. Drinking water delivered by your system is posing an unacceptable risk to public health because of the following condition(s):

- | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Inadequate Disinfectant Residual | <input type="checkbox"/> Inadequate Treatment - circle problem(s):
disinfection / filtration / bypass / other |
| <input type="checkbox"/> Acute Coliform Exceedance or Violation (<i>E. coli</i>) | <input checked="" type="checkbox"/> Total Coliform Exceedance - circle problem(s)
<u>disinfection waived system / widespread /</u>
<u>repeat occurrences</u> / system startup sample |
| <input type="checkbox"/> Inadequate System Pressure | <input type="checkbox"/> Lack of Monitoring - circle missing parameter(s):
disinfectant residual / treatment process control
turbidity / <i>E. coli</i> following TC+ / other |
| <input type="checkbox"/> Waterline Break | <input type="checkbox"/> Turbidity Exceedance or Violation - conditions
determined to warrant 24 hr public notification |
| <input type="checkbox"/> Backflow Incident | |
| <input type="checkbox"/> Use of Unapproved Water Source | |
| <input type="checkbox"/> Waterborne Disease Outbreak | |
| <input type="checkbox"/> Water Quality (e.g. flooded source) describe: _____ | |
| <input type="checkbox"/> Other - Describe: _____ | |

Comments:

Pursuant to the New York State Public Health Law (§ §§ 308, 324, 1107) and 10NYCRR 5-1.78 of the State Sanitary Code, you are hereby ordered to take the following immediate actions:

1. **ISSUE A BOIL WATER NOTICE TO YOUR CONSUMERS** - must be issued as soon as possible, and no later than 24 hours after you learned of the above condition(s). The boil water notice must meet the content and distribution requirements of Section 5-1.78(c).
2. **IMPLEMENT MEASURES TO CORRECT THE PROBLEM** - consult with the Health Department to determine what corrective actions are needed. This may require that you repair equipment; install additional treatment; increase or revise monitoring; or switch to an alternate water source. You will have to flush affected equipment, tanks and water lines with water known to meet standards.
3. **TEST WATER QUALITY** - consult with your Health Department to identify the testing needs. In most cases this will require total coliform sampling until two consecutive rounds meet coliform standards.
4. **LIFT BOIL WATER NOTICE** - Health Department approval is required before lifting the notice. Issue lifting notice to the same recipients using the same distribution methods used to issue the boil water notice.

If you fail to take the actions as directed in this order, or fail to meet the requirements set forth in 10NYCRR Subpart 5-1, you will be subject to legal enforcement actions.

Issued by: Name Samuel Rulli Title Senior P.H. Engineer

Delivered By: Samuel Rulli (fax & email)

Health Agency: Rockland

Agency Contact - daytime: 845-364-2608 non-business hours: 845-364-8600
cc: Agency file