Drinking Water and Groundwater Division

**CONTINGENCY/EMERGENCY RESPONSE PLAN FOR NON-TRANSIENT NON-COMMUNITY WATER SYSTEMS**

PO Box 98922, Lincoln NE 68509‑8922

Phone: (402) 471-0521 / FAX: (402) 471-2909

ndee.ecmupload@nebraska.gov

24-Hour Emergency Contact #: (402) 499-6922

|  |  |
| --- | --- |
| **Public Water System Name:**  | **County:**  |
| **PWS ID #: NE31-** | **Phone Number:**  | **Population Served:**  |
| **Mailing Address:** | **Street/PO/Route:**  |
| **City:**  | **State:**  | **ZIP:**  |
| **Prepared by:**  | **Title:**  |
| **Date Completed:**  | **Date Update:**  |
| **Signature:** |
| **Plan #:**  |

**FOR DEPARTMENT USE ONLY**

|  |  |
| --- | --- |
| **Approved by:** | **Date:** |
| **Signature:** |

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# Section I – Introduction

## 1. Purpose

This emergency plan was developed as a guideline for the operators and administration of       in order to minimize disruption of normal services to its consumers and to provide public health protection and safety during an emergency. Emergency response planning should be a coordinated and planned process. Proper planning can lessen the impact of an emergency. This plan was designed to address various emergency hazards that may occur in rural and small water systems.

##

## 2. Organization

Water system policies are set by      . Large expenditures (over $     ) must be approved by      . Smaller purchases can be made by      .

During any type of emergency, the following persons will be in charge of the water system (contact in order indicated):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Order** | **Name** | **Position** | **Phone Numbers** (include area code) | **Radio Frequency****(MHz)** | **E-Mail** |
|  |  |  | **Office** | **Cellular** | **Pager** | **Home** |  |  |
| **1** |  |  |  |  |  |  |       |  |
| **2** |  |  |  |  |  |  |       |  |
| **3** |  |  |  |  |  |  |       |  |
| **4** |  |  |  |  |  |  |       |  |
| **5** |  |  |  |  |  |  |       |  |
| **6** |  |  |  |  |  |  |       |  |

##

# Section II - Summary Description of the System

The following is a summary description of the system that should provide enough information about the system for use during an emergency and to assess and correct system vulnerabilities.

## Location of Pertinent Information

|  |  |
| --- | --- |
| **Item** | **Location** |
| Distribution System Map (plans, blueprints, etc.) |       |
| Other Pertinent Maps |       |
| Daily Reports |       |
| Permits |       |
| Technical Manuals |       |
| O&M Manual |       |
| Start-Up/Shut-Down Procedures |       |
|       |       |
|       |       |
|       |       |

##

## Existing Source Information

### **A. Well Information**

[ ]  Not Applicable

| **Well ID** | **Location** | **Well Depth** | **Well Yield** | **Critical Water Level1** |
| --- | --- | --- | --- | --- |
| 1.       |       |       |       |       |
| 2.       |       |       |       |       |
| 3.       |       |       |       |       |
| 4.       |       |       |       |       |
| 5.       |       |       |       |       |
| 6.       |       |       |       |       |

1 Based upon well and aquifer characteristics.

### **B.** **Water Quality of the Source(s)**

 (List significant parameters. Examples, nitrates iron, etc.)

|  |
| --- |
|       |

###

### **C. Source Pump Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Source ID** | **Pump Type** | **Manufacturer** | **H.P.** | **Capacity (gpm)** | **Phase, Voltage** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**Note: Source ID includes well identification numbers as well as any other source (i.e., surface water intake pumps etc.)**

### **D. Other Emergency Sources**

 **(Include equipment needed to use the source.)**

|  |
| --- |
|       |

### **E.** **Possible Future Sources of Water**

 **(How will future water sources be protected?)**

|  |
| --- |
|       |

##

## 3. Treatment Information

### **A. Emergency Disinfection**

|  |  |
| --- | --- |
| Chemical(s) Used: |       |
| Type of Chemical Feed: |       |
| Location of Disinfection System: |       |
| Location of Chemical Storage: |       |

### **B. Other Treatment**

|  |  |
| --- | --- |
| Other Treatment Methods(s) |       |
| Chemical(s) Used: |       |
| Type of Chemical Feed: |       |
| Treatment Chemicals and Storage  |       |
| Laboratory Chemicals and Storage: |       |
| Also attach MSDS sheets on all chemicals used. |

###

## C. Power

|  |  |
| --- | --- |
| Primary Power: |       |
| Emergency Backup Power: |       |

##

#

# Section III – Emergency Response Actions

**The following are the action steps that will be followed for all emergency situations:**

1. Take or direct any **immediate** response measures that are obviously needed to reduce risk to the public (see specific emergency response action below).
2. Notify NDEE Drinking Water and Groundwater Division and (if applicable) the system administration.
3. Determine and implement other appropriate corrective actions to reduce and eliminate the effects of the emergency.
4. Inform consumers of the emergency situation as soon as possible, and again as the status changes.

## 1. Description of Emergency Response Actions

Refer below to the response action(s) for the specified emergency:

###

### **A. Power Outage**

|  |
| --- |
| Immediate Actions:       |
| Other Actions:       |

###

### **B. Prolonged Water Outage**

|  |
| --- |
| Immediate Actions:       |
| Other Actions:       |

### **C. Treatment Equipment Failure**

|  |
| --- |
| Immediate Actions:       |
| Other Actions:       |

###

### **D. Source Pump Failure**

|  |
| --- |
| Immediate Actions:       |
| Other Actions:       |

###

### **E. Flood**

|  |
| --- |
| Immediate Actions:       |
| Other Actions:       |

### **F. Severe Weather**

|  |
| --- |
| Immediate Actions:       |
| Other Actions:       |

### **G. Fire at Water Supply System Facility**

|  |
| --- |
| Immediate Actions:       |
| Other Actions:       |

### **H. Terrorism or Vandalism (actual or suspected)**

|  |
| --- |
| Immediate Actions:       |
| Other Actions:       |

## 2. Emergency Reference Table Contacts and Phone Numbers

### **Emergency Responders**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Phone Numbers (include area code)** |  |
| **Organization** | **Contact Name** | **Title** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
| Fire Department |       |       |       |       |       |       |
| Police Department |       |       |       |       |       |       |
| FBI Field Office (for terrorism or sabotage) |       |       |       |       |       |       |
| Emergency Medical Service |       |       |       |       |       |       |
| National Spill Response Office | 24 Hour Hotline | **800/424-8802** |  |
| State (NDEQ) Spill Hotline | 24 Hour Hotline |  |  |
| Poison Control |  | **800/955-9119** |  |
| Water System Operators/Managers  |       |       |  |  |  |       |
|  |       |       |  |  |  |       |
|  |       |       |  |  |  |       |

### **B. State and Local Agencies Notification List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Phone Numbers (include area code)** |  |
| **Organization** | **Contact Name** | **Title** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
| NDEE Field Office |       |       |       |       |       |       |
| NDEE Lincoln Office | Sue Dempsey | Administrator | 402/471-0510 |  |  | laura.r.johnson@nebraska.gov@nebraska.gov |
|  | Andy Kahle | Field Services Program Manager | 402/471-0521 | **24 Hour****402/499-6922** | 402/432-4692 | andy.kahle@nebraska.gov |
| Local County Health Department |       |       |       |       |       |       |
| Nebraska Department of Environmental Quality | Regional Office |       |       |       |       |       |
|  | 24 Hour Spill Hotline |       |       |       |       |       |
| State Emergency Management Office |       |       |       | **24 Hour****402/471-7421** |       |       |
| HazMat Hotline |       |       | **800/424-9300** |       |
| County Emergency Management Office |       |       |       |  |       |       |
| Nebraska Rural Water Association |       |       | **800/842-8039** |       |

### **C. Local Contact Notification List**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Phone Numbers (include area code)** |  |
| **Organization** | **Contact Name** | **Title** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
| Government Officials |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
| Hospitals |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
| Pharmacy |       |       |       |       |       |       |
| Priority Water Users (Those that are critically dependent upon water including schools, nursing homes, dialysis centers, institutions, individuals, businesses, interconnected water systems, etc.) |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
| Others |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |

### **System Equipment Repair and Supplies Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Phone Numbers (include area code)** |  |
| **Organization** | **Contact Name** | **Title** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
| Electrician |       |       |       |       |       |       |
| Plumber |       |       |       |       |       |       |
| Pump Specialist |       |       |       |       |       |       |
| Soil Excavator/Backhoe Operator |       |       |       |       |       |       |
| Equipment Rental (Power Generators) |       |       |       |       |       |       |
| Equipment Rental (Chlorinators) |       |       |       |       |       |       |
| Equipment Rental (Portable Fencing) |       |       |       |       |       |       |
| Equipment Repairman |       |       |       |       |       |       |
| SCADA Repair Service |       |       |       |       |       |       |
| Pump Supplier |       |       |       |       |       |       |
| Well Driller |       |       |       |       |       |       |
| Pipe Supplier |       |       |       |       |       |       |
| Local/Regional Analytical Laboratory |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

###

### **E. Utilities Contact Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Phone Numbers (include area code)** |  |
| **Organization** | **Contact Name** | **Title** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
| Electric Utility Company |       |       |       |       |       |       |
| Gas Utility Company |       |       |       |       |       |       |
| Sewer Utility Company |       |       |       |       |       |       |
| Telephone Utility Company |       |       |       |       |       |       |
| Diggers Hotline, UFPO or local equivalent |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

### **F. Bulk Water Suppliers**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Phone Numbers (include area code)** |  |
| **Organization** | **Contact Name** | **Title** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
| Bulk Water Hauler |       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| Bottle Water Source |       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

### **G. Media Notification List**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization** | **Contact Name** | **Title** | **Day** | **Evening** | **Cellular/Pager** | **E-Mail** |
| Designated Water System Spokesperson |       |       |       |       |       |       |
| Newspaper - Local |       |       |       |       |       |       |
| Newspaper – Regional State |       |       |       |       |       |       |
| Radio |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
| Television |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
|  |       |       |       |       |       |       |
| Other |       |       |       |       |       |       |

#

# Section IV – Emergency Water Use Restrictions

##

## 1. Power Supply Equipment

### **A. Power Sources**

|  |  |
| --- | --- |
| **Primary Power Source:** |       |
| **Alternate Power Sources:** |       |
| **Location of Fuel:** |       |

###

### **B. Generators**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Make/Model | **Phase/****Voltage/****Amps** | **Contact Individual** | **Phone No.** | **Location of Storage** | **Location of Use** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

## 2. Spare Parts for Water Source

### **A. Spare Pump(s)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pump Type** | **Manufacturer** | **H.P.** | **Capacity (gpm)** | **Phase, Voltage** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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### **B. List of Spare Parts for Pump(s) and Well(s)**

|  |  |
| --- | --- |
| **Part** | **Location** |
|       |       |
|       |       |
|       |       |
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