

TOWN OF CENTURY

BOIL WATER NOTIFICATION STANDARD OPERATING PROCEDURE

PUBLIC WATER SYSTEM NAME: Town of Century, Florida
PUBLIC WATER SYSTEM ID#: 1170613
PUBLIC WATER SYSTEM TYPE: Community Water System
OPERATIONAL LEVEL: Treatment: 5C & Distribution: Category I, Level 3
POPULATION: ~3,500
ADDRESS: 7995 North Century Boulevard, Century, FL 32535
PHONE NUMBER: (850) 256-3208
WEBSITE: <https://www.townofcenturyflorida.com/>

FACILITY DETAILS:

SOURCES	TREATMENT	STORAGE	BOOSTER STATION
Well #1 Blackmon (AAA5128)	Blackmon: Gas Cl ₂ & Lime	Blackmon: 100,000 gal	Prison
Well #2 Henry (AAA6726)	Henry: Gas Cl ₂ & Lime	Henry: 300,000 gal	
Well #3 Prison (AAA5129) - Inactive		Prison: 200,000 gal	
Max Daily Production: 805,000 gal		Total Capacity: 600,000 gal	

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DEFINITIONS

Bacteriological Samples/Sampling: Shall mean testing drinking water for total coliform (TC) and *Escherichia coli* [E. coli] (EC) by an appropriately State certified laboratory. Water sample(s) shall be collected using an appropriate Chain of Custody (62-550.730, Attachment 2) and analyzed using appropriate methods. Water sample(s) that test absent for TC and EC shall be considered free of bacteriological growth. See Rescind BWN Procedures below for additional details. State certified laboratories can be searched here: <https://qlik.dep.state.fl.us/anon/sense/app/17c7c199-2c02-4f1e-9288-ad20a293694a/sheet/2c856f40-bcad-4024-ba35-88276ab274c3/state/analysis>.

Boil Water Notification (BWN): Shall mean a precautionary boil water notice issued by the Town of Century for Customers impacted by events that may impact water quality at the Town's discretion or as specified in the eight (8) BWN Triggers specified below.

Business Days: Shall mean Monday through Friday. Three business days shall mean any combination of days of Monday through Friday, excluding Saturday and Sunday. Example: Friday – Tuesday shall be considered three business days.

Combined Chlorine Residual: Shall mean the concentration of disinfection measured in the distribution system of the Public Water System (PWS). PWS shall maintain free chlorine residuals between 0.2-4.0 mg/L or a combined chlorine residual (for gas chlorinated systems) between 0.6-4.0 mg/L throughout their drinking water system in accordance with 62-555.350(6) of the Florida Administrative Code (F.A.C.).

Consecutive Days: Shall mean two samples collected a minimum of 24 hours apart, but not to exceed 48 hours apart. Note, laboratories which analyze bacteriological samples may not be open on Saturday and Sunday. As such, BWNs may be active over weekends (see Customer Notification Procedures below).

Contract Operations Company (Operations): Shall mean a contracted operator(s) or company supplying operations to the Town of Century. The operator(s) directly responsible for the Town of Century shall be appropriately certified for their applicable role(s) in distribution and treatment in accordance with all applicable Florida Administrative Code (F.A.C.) requirements. Operations shall carry out duties related to BWNs in accordance with procedures listed below.

Department of Environmental Protection (DEP): Shall mean the Florida Department of Environmental Protection as the State's lead agency for environmental management and stewardship, protecting Florida's air, water, and land as granted by the U.S. Environmental Protection Agency. The DEP tracks BWNs/updates/Rescission of BWNs and address Customer questions as needed.

Department of Health (DOH): Shall mean the Florida Department of Health. Within Florida, the Department of Environmental Protection (DEP) is the primary agency responsible for enforcing the Safe Drinking Water Act (SDWA). The DEP has delegated authority to the Florida Department of Health to implement the SDWA in six counties: Hillsborough, Miami-Dade, Palm Beach, Polk, Sarasota, and Volusia. As a courtesy in all other counties, the Health Department should be notified of BWNs for Public Water Systems (PWS). After receiving BWNs, they may be posted to the DOH's website (county dependent): <https://www.floridahealth.gov/environmental-health/drinking-water/boil-water-notices/index.html>

Environmental Protection Agency (EPA): Shall mean the U.S. Environmental Protection Agency which, through the U.S. Congress passed Safe Drinking Water Act of 1974, protects public health through the establishment and enforcement of standards public drinking water systems must follow.

Florida Administrative Code (F.A.C.): Shall mean the Code established to assure that public water systems supply drinking water which meets minimum requirements, the Federal Government enacted PL 93-523, the "Safe Drinking Water Act." The scheme of that law was to give primary responsibility for public water systems programs to states to implement a public water system program. Also, the legislature of Florida has enacted the "Florida Safe Drinking Water Act," Sections 403.850-.864, F.S. Chapters 62-555 and 62-560, F.A.C., are promulgated to implement the requirements of the Florida Safe Drinking Water Act and to acquire and maintain primacy for Florida under the Federal Act. Chapters 62-555 and 62-560, F.A.C., adopt national primary and secondary drinking water standards of the Federal Government where possible, and otherwise create additional rules to fulfill state and Federal requirements.

Public Water System (PWS): Shall mean a system for the provision to the public of water for human consumption thorough pipes or other constructed conveyances, if such system has at least fifteen (15) service connections or regularly serves an average of at least twenty-five (25) individuals daily at least sixty days out of the year. The Town of Century is classified as a Community Water System (CWS) and meets the definition of a PWS.

Rescission/Rescind(ed) Boil Water Notice: Shall mean the lift/revoke/completion of a precautionary boil water notice issued by the Town of Century for Customers impacted by events that may impact water quality. The BWN shall not be rescinded without two (2) consecutive days of absent bacteriological sampling from the impacted area of the PWS (see Rescind BWN Procedure below).

Safe Drinking Water Act (SDWA): Shall mean the law passed by U.S. Congress in 1974, and amended in 1986 and 1996, to protect public health by regulating the nation's public drinking water supply/sources (rivers, lakes, reservoirs, springs, and ground water wells), through the regulation of national health-based standards to protect against both naturally-occurring and man-made contaminants that may be found in drinking water.

Standard Operating Procedure (SOP): Shall mean the formal, written instruction that details specific steps and processes required to complete a particular task or operation for an organization using applicable best industry standards.

Town of Century (Town): Shall mean Town staff involved with BWN procedures as applicable below. This may include the Town Clerk and/or administrative staff as specified by the Town.

INTENT

In accordance with the Florida Administrative Code (F.A.C.) Chapters 62-555 and 62-560, the Town of Century shall establish the following Boil Water Notices (BWN) Standard Operating Procedure for issuing and rescinding Boil Water Notices for customers served by the Public Water System (PWS) using guidelines established by the Department of Health (DOH).

The Town will coordinate with the Contract Operations Company (Operations) to communicate all BWN information for appropriate completion of requirements of this BWN SOP. This includes establishing communication chains and defining responsibilities.

BWN TRIGGERS

A public water system may issue a precautionary boil water notice using the DOH's guidelines if it is determined necessary. However, a BWN shall always be issued for the following reasons:

1. Confirmation water samples indicate the presence of fecal coliform bacteria, *Escherichia coli* (*E. coli*), or other waterborne pathogens;
2. Surface water with turbidity higher than 1.0 NTU*;
3. Abrupt changes in water quality for surface water or groundwater under the direct influence of surface water systems*;
4. Zero or negative water pressure;
5. Low water pressure (below 20 psi);
6. Watermain breaks or service interruptions;
7. Flooding of well(s); or
8. Disaster related events.

NOTE: Asterisked triggers are not applicable for the Town at this time. If at any point the source(s) change to include surface water or groundwater under the direct influence of surface water, these triggers will become applicable.

CUSTOMER NOTIFICATION PROCEDURE

1. The Town shall notify customer affected by a BWN as soon as possible, but not to exceed 24-hours by:
 - a. Posting BWN signs, door hangers, or flyers in the affected area;
 - b. Posting the BWN on the Town's website; and
 - c. Notification through the local newspaper.

If at any time in the future the Town implements a reverse 911 message system or other electronic notification, those tools shall also be utilized to notify customers who have opted to participate in the BWN notification process.

2. The BWN shall include all required information in accordance with 62-560.410(1)(a)(5). Please note, if 10% or more of the customers affected by the BWN are native Spanish speakers, the BWN shall also be posted in Spanish (see Attachment 1).
3. If a BWN lasts more than three (3) business days, Operations shall provide the Town with an updated status on the BWN which shall include, at a minimum, a tentative timeline for rescinding the BWN. The Town shall post the update to the Town's website.
4. At the conclusion of the BWN, the Town shall notify customers affected by a BWN by Rescinding the BWN as soon as possible, but not to exceed 24-hours by the same method(s) the BWN.
5. The rescinded BWN shall include all required information in accordance with 62-560.410(1)(a)(5) (see Attachment 2).

BWN PROCEDURE

1. The Town shall notify Operations of any issue(s) requiring a BWN (see BWN Triggers above).
2. Operations shall draft the BWN for the Town and transmit it to the Department of Environmental Protection (DEP), Department of Health (DOH), and Town Clerk.
3. The Town Clerk will implement the **Customer Notification** procedures.
4. Customers shall direct questions regarding the BWN to the Town via phone or by visiting the Town's website.
5. Operations shall provide BWN status updates to the Town upon request. At no point shall a BWN be active for more than three (3) business days without providing the Town with an update to publish on the Town's website. The update shall also be provided to the DEP and DOH at this time by Operations. Please note, if the BWN was published in Spanish, the update must also be published in Spanish.

RESCIND BWN PROCEDURE

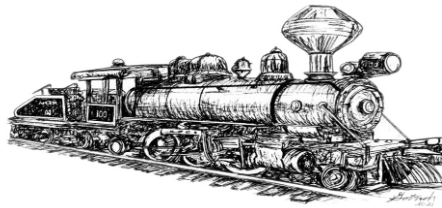
1. In accordance with 62-555.340, Operations shall not rescind a BWN without achieving a combined chlorine residuals being between 0.6-4.0 mg/L in the impacted area of the distribution system and receiving two (2) consecutive days of absent bacteriological sampling from the impacted area of the PWS (see Definitions above for additional details and Attachment 2).
 - a. A minimum of three (3) samples shall be collected at the impact site per day.
 - i. One from the affected area(s);
 - ii. One from upstream of the affected area(s); and
 - iii. One from downstream of the affected area(s).
 - b. Additionally, at least one sample must be collected from each source that serves the impacted area(s).
2. After the successful collection of two consecutive days of bacteriological sampling, Operations shall draft the Rescinded BWN and provide it and the two consecutive days of bacteriological results to the DEP and DOH. Operations shall also provide a copy of the Rescinded BWN to the Town Clerk. Please note, if the BWN was published in Spanish, the Rescinded BWN must also be published in Spanish (see Attachment 3).
3. The Town Clerk will implement the **Customer Notification** procedures.
4. Customers shall direct questions regarding the Recission of the BWN to the Town via phone or by visiting the Town's website.

RECORD RETENTION

1. Maintain this BWN SOP in an accessible location and provide copies to Operations for reference. This BWN SOP shall also be made available to the DEP and DOH as part of the Sanitary Survey process. The BWN SOP shall be periodically reviewed and updated as necessary to maintain compliance with all applicable Rules and Codes.
2. The Town shall file and maintain all BWNs, Rescinded BWNs, and bacteriological results in the PWS files for a minimum of five (5) years in accordance with F.A.C. Chapter 62-550.720.

Please note, Attachment 4 has directions for Operations to complete the BWN and Rescind BWN templates. Both documents contain a Spanish version for use as needed.

ATTACHMENT 1



TOWN OF CENTURY

PWS ID# 1170613

PRECAUTIONARY BOIL WATER NOTICE

A Precautionary Boil Water Notice is being issued to

at on due to SELECT ONE

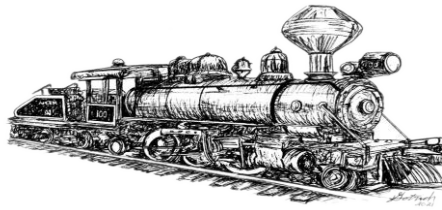
In accordance with Chapters 62-555 and 62-560 of the Florida Administrative Code, this situation requires a Precautionary Boil Water Notice to be issued to customers.

As a precaution, we advise that all water used for human or pet consumption should be boiled. This includes, but is not limited to, water used for: drinking, diluting beverages, making ice, making infant formula, cooking, washing dishes, bathing, contact with an individual's face, brushing teeth, etc.

- ✓ Bring water to a rolling boil ($\geq 212^{\circ}$ F) for three minutes.
- ✓ Let water cool sufficiently ($\leq 110^{\circ}$ F) prior to use.
- ✓ In lieu of boiling, individuals may purchase bottled water for use.
- ✓ In the event water cannot be boiled, tap water can be chemically disinfected by either:
 - Adding 8 drops of NSF Certified, unscented household bleach (6% sodium hypochlorite) to each gallon of water. Mix well and let stand for a minimum of 30 minutes prior to use. For cloudy water, use 16 drops of bleach. Mix and let stand as directed above. DO NOT USE granular bleach for disinfection; it is poisonous.
 - Other approved chemical disinfectants (purification tablets) are available at stores that sell outdoor supplies. Follow manufacturer directions for use, storage, and disposal.

This Precautionary Boil Water Notice will remain in effect until the above-mentioned issue has been resolved, adequate disinfection levels are restored, and two consecutive days of bacteriological sampling indicates that the water is safe to drink. You will be provided with notice when the Precautionary Boil Water Notice has been rescinded.

If you have any questions, please contact the Town of Century at (850) 256-3208 or visit our website at <https://www.townofcenturyflorida.com>.



CIUDAD DEL SIGLO

PWS ID# 1170613

AVISO DE PRECAUCIÓN PARA HERVIR AGUA

Se está emitiendo un aviso de precaución para hervir agua al

a la del debido a SELECT ONE

De acuerdo con los Capítulos 62-555 y 62-560 del Código Administrativo de Florida, esta situación requiere que se emita a los clientes un Aviso de precaución para hervir el agua.

Como precaución, aconsejamos que toda el agua utilizada para consumo humano o de mascotas se hierva. Esto incluye, entre otros, el agua utilizada para: beber, diluir bebidas, hacer hielo, preparar fórmula infantil, cocinar, lavar platos, bañarse, contacto con la cara de una persona, cepillarse los dientes, etc.

- ✓ Deje hervir el agua ($\geq 212^{\circ}$ F) durante tres minutos.
- ✓ Deje que el agua se enfríe lo suficiente ($\leq 110^{\circ}$ F) antes de usarla.
- ✓ En lugar de hervir, las personas pueden comprar agua embotellada para usar.
- ✓ En caso de que no se pueda hervir el agua, el agua del grifo se puede desinfectar químicamente mediante:
 - Agregar 8 gotas de blanqueador doméstico sin perfume certificado por NSF (hipoclorito de sodio al 6%) a cada galón de agua. Mezclar bien y dejar reposar un mínimo de 30 minutos antes de usar. Para agua turbia, utilice 16 gotas de lejía. Mezclar y dejar reposar como se indica arriba. NO USE lejía granular para desinfectar; es venenoso.
 - Otros desinfectantes químicos aprobados (tabletas purificadoras) están disponibles en tiendas que venden suministros para exteriores. Siga las instrucciones del fabricante para su uso, almacenamiento y eliminación.

Este Aviso de precaución para hervir el agua permanecerá vigente hasta que se resuelva el problema mencionado anteriormente, se restablezcan los niveles de desinfección adecuados y dos días consecutivos de muestreo bacteriológico indiquen que el agua es segura para beber. Se le notificará cuando se rescinda el Aviso de precaución para hervir agua.

Si tiene alguna pregunta, comuníquese con Ciudad Del Siglo al (850) 256-3208 o visite nuestro sitio web en <https://www.townofcenturyflorida.com>.

ATTACHMENT 2

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

[INSERT LAB NAME, ADDRESS,
& CERTIFICATION NUMBER]

Lab Receipt Date & Time: _____
Analysis Date & Time: _____
Sample Acceptance Criteria:
Sample Preservation: ☐ On Ice ☐ Not On Ice ☐ _____°C
Disinfectant Check: ☐ Not Detected ☐ _____mg/L
This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (check all that apply)

☐ Total Coliform/*E. coli* ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System (PWS) Name: _____ **PWS I.D.** _____

PWS Address: _____ City: _____

PWS or PWS Owner's Phone #: _____ Fax #: _____

Collector: _____ **Collector's Phone #:** _____

Type of Supply: (check only one)

☐ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: _____

Reason for Sampling: (check all that apply)

☐ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: _____

Sample Collection Date: _____

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type ¹	Disinfectant Residual (mg/L)	pH	Analysis Method(s) ² :				
						Non-Coliform	Total Coliform	Fecal, <i>E. coli</i> , Enterococci, or Coliphage ³	Data Qualifier ⁴	Lab Sample #

Average of disinfectant residuals for distribution routine & repeat samples.⁵ Free chlorine or Total chlorine (circle one)

Disinfectant Residual Analysis Method:

☐ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is (see instructions on reverse):

☐ A certified operator (# _____)
☐ Supervised by certified operator (# _____)
☐ Employed by a certified lab ☐ Employed by DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.

Date and time PWS notified by lab of positive results: _____

Date and time DEP/DOH notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: _____

Title: _____

[INSERT NAME AND MAILING ADDRESS
OF PERSON TO RECEIVE REPORT]

DEP/DOH USE ONLY

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

¹ For Sample Types see Instructions item I 16.

² For Analysis Methods see Instructions item II 6.

³ Please circle appropriate selection.

⁴ Defined in Florida Administrative Code Rule 62-160, Table 1.

⁵ Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

INSTRUCTIONS

The attached is an example of the reporting format specified in Rule 62-550.730, Florida Administrative Code (F.A.C.). This format is to be used by laboratories for reporting drinking water analyses to the appropriate Department of Environmental Protection (DEP) or Department of Health (DOH) office. For analysis results to be acceptable for compliance with Chapter 62-550, F.A.C., laboratories performing the analyses must be certified to perform drinking water analyses by the DOH and must report results in accordance with Chapter 62-160, F.A.C. Computer-generated or otherwise personalized reports will be accepted as long as they conform to this format.

I. Fields to be completed by the sample collector:

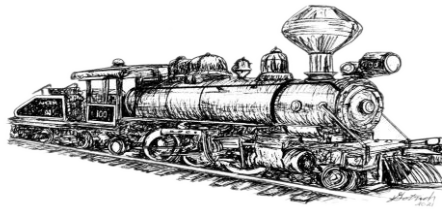
1. Analysis Requested..... Check the box next to the type of test being requested.
2. Public Water System (PWS)..... Provide the full name of the public water system.
3. PWS I.D..... Provide the 7-digit DEP PWS ID number.
4. PWS Address..... Indicate the PWS's mailing address.
5. City..... Indicate the city in which the PWS is located (if not in a city, indicate county).
6. PWS or Owner's Phone #..... Provide the PWS or PWS owner's phone number in case there are positive results.
7. PWS or PWS Owner's Fax #..... Provide the PWS or PWS owner's fax number.
8. Collector..... Provide the sample collector's first and last name.
9. Collector's Phone #..... Provide the sample collector's phone number.
10. Type of Supply..... Check the box next to the type of PWS or source being tested.
11. Reason for Sampling..... Check the box next to the reason the samples are being collected.
12. Sample Collection Date..... Provide the date the samples are collected. If samples are collected on more than one day, provide the collection date for each sample.
13. Sample #..... Provide a unique number for each sample.
14. Sample Point..... Provide the specific street address (or equivalent) for each sample collected.
15. Sample Collection Time..... Provide the time of collection for each sample collected.
16. Sample Type..... Indicate the sample type for each sample collected. Sample type codes are: D = Distribution (routine compliance), C = Repeat/Check, R = Raw, N = Entry Point to Distribution, P = Plant Tap, S = Special (clearance, etc.).
17. Disinfectant Residual..... Indicate the disinfectant residual in mg/L (Chlorine, Chloramines, Chlorine Dioxide, etc.).
18. pH..... Not required for drinking water samples.
19. Average of Disinfectant Residuals..... Indicate the average of the disinfectant residuals for type "D" and "C" samples at community and non-transient non-community public water systems.
20. Disinfectant Residual Analysis Method..... Indicate the method used to determine disinfectant residual(s).
21. Person performing disinfectant analysis..... Indicate the qualifying status of the person performing disinfectant analyses. This only applies to disinfectant analyses for type "D" and "C" samples at community and non-transient non-community public water systems.
22. Name and Mailing Address of Person to Receive Report..... Provide the name and mailing address of the PWS owner or representative who will receive the report.

II. Fields to be completed by the laboratory:

1. Lab Name, Address, & Certification Number..... This information may be stamped or permanently added to the format.
2. Lab Receipt Date & Time..... Indicate the date and time samples were received in the lab.
3. Analysis Date & Time..... Indicate the date and time of analysis.
4. Sample Preservation..... Indicate whether or not the samples were on ice and the temperature of the samples.
5. Disinfectant Check..... Indicate whether or not a disinfectant was detected and at what level. Circle free or total.
6. Analysis Method(s)..... Indicate analysis methodology and method citation used (e.g. "Colilert, SM9223B").
The laboratory must be certified by DOH for the method indicated for the results to be accepted.
7. Non-Coliform..... Indicate the presence or absence of non-coliform bacteria. *
8. Total Coliform..... Indicate the presence or absence of total coliform bacteria.*
9. Fecal Coliform..... Indicate the presence or absence of fecal coliform bacteria.*
10. *E. coli*..... Indicate the presence or absence of *E. coli* bacteria.*
11. Enterococci..... Indicate the presence or absence of enterococci bacteria.*
12. Coliphage..... Indicate the presence or absence of coliphage. *
13. Data Qualifier..... Provide a data qualifier if necessary. (See F.A.C. Rule 62-160.)
14. Lab Sample #..... Provide a unique number for each sample.
15. Date and time PWS notified by lab of positive results..... In the event of positive results, indicate the date and time the lab notified the PWS.
16. Date and time DEP/DOH notified by lab of positive results..... In the event of fecal coliform, *E. coli*, enterococci, or coliphage positive results, indicate the date and time the lab notified the appropriate DEP or DOH Office.
17. Lab Signature..... Signature of lab director or other authorized representative of the lab.
18. Title..... Provide the title of the lab representative signing the report.

* A = Bacteria/Coliphage Absent, P = Bacteria/Coliphage Present, C = Confluent Growth, TNTC = Too Numerous To Count

ATTACHMENT 3



TOWN OF CENTURY

PWS ID# 1170613

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

The Precautionary Boil Water Notice issued for your water system on _____ has been rescinded.

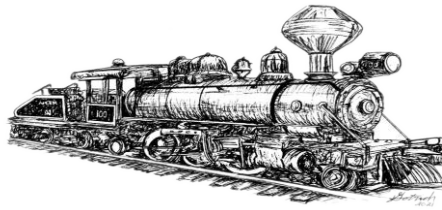
The issue was resolved, adequate disinfection levels were restored, and the drinking water was tested for total coliform bacteriological growth for two consecutive days.

The samples tested absent of total coliform bacteriological growth. The bacteriological survey now shows that the water is safe to drink.

We encourage individuals impacted by boil water notices to complete the following actions prior to resuming normal water use:

- ✓ Flush the water lines in their residence for five minutes by opening all water faucets (both hot and cold) and flushing all toilets.
- ✓ Discard three batches of ice cubes and disinfect the ice bin prior to use.
- ✓ Flush one full volume of water through all hot water heaters, water coolers, in-line filters, etc.
- ✓ Disinfect or replace all filters on units and run water softeners through a regeneration cycle prior to use.
- ✓ Consult your owner's manuals for additional flushing, cleaning, or disinfecting directions.

If you have any questions, please contact the Town of Century at (850) 256-3208 or visit our website at <https://www.townofcenturyflorida.com>.



CIUDAD DEL SIGLO

PWS ID# 1170613

RESCISIÓN DEL AVISO DE PRECAUCIÓN PARA HERVIR AGUA

El Aviso de precaución para hervir agua emitido para su sistema de agua el _____ ha sido rescindido.

El problema se resolvió, se restauraron los niveles de desinfección adecuados y se analizó el agua potable para detectar crecimiento bacteriológico de coliformes totales durante dos días consecutivos.

Las muestras no mostraron crecimiento bacteriológico de coliformes totales. El estudio bacteriológico muestra ahora que el agua es potable.

Alentamos a las personas afectadas por avisos de hervir el agua a completar las siguientes acciones antes de reanudar el uso normal del agua:

- ✓ Descargue las líneas de agua de su residencia durante cinco minutos abriendo todos los grifos de agua (tanto caliente como fría) y descargando todos los inodoros.
- ✓ Deseche tres lotes de cubitos de hielo y desinfecte el depósito de hielo antes de usarlo.
- ✓ Enjuague un volumen completo de agua a través de todos los calentadores de agua, enfriadores de agua, filtros en línea, etc.
- ✓ Desinfecte o reemplace todos los filtros de las unidades y haga funcionar los ablandadores de agua en un ciclo de regeneración antes de su uso.
- ✓ Consulte los manuales del propietario para obtener instrucciones adicionales de lavado, limpieza o desinfección.

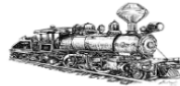
Si tiene alguna pregunta, comuníquese con Ciudad Del Siglo al (850) 256-3208 o visite nuestro sitio web en <https://www.townofcenturyflorida.com>.

ATTACHMENT 4

OPERATIONS DIRECTIONS FOR COMPLETING BWN TEMPLATES

BWN TEMPLATE

There are seven (7) locations to enter information on the BWN Template which will need completed. Six (6) are on page One (English) and one (1) is on page Two (Spanish). See photographs below (L is English, R is Spanish).



TOWN OF CENTURY

PWS ID# 1170613

PRECAUTIONARY BOIL WATER NOTICE

1 ->

A Precautionary Boil Water Notice is being issued to <- 2
 at on due to SELECT ONE <- 3
 ^4 ^5 <- 6
 In accordance with Chapters 62-555 and 62-560 of the Florida Administrative Code, this situation requires a Precautionary Boil Water Notice to be issued to customers.



CIUDAD DEL SIGLO

PWS ID# 1170613

AVISO DE PRECAUCIÓN PARA HERVIR AGUA

Se está emitiendo un aviso de precaución para hervir agua al
 a la del debido a SELECT ONE <- 7
 De acuerdo con los Capítulos 62-555 y 62-560 del Código Administrativo de Florida, esta situación requiere que se emita a los clientes un Aviso de precaución para hervir el agua.

Fill in the boxes (numbered on photographs above) according to the directions below.

1. Select the date of the BWN notification.
 - a. The date is automatically transferred to Page 2.
2. Enter the affected location in the blank space.
 - a. This line is automatically transferred to Page 2.
 - i. Ex. "the entire Town of Century"
 - ii. Ex. "221, 231, 241 E Hecker Rd"
3. Enter overflow from box 2 into box 3 if needed.
 - a. This line is automatically transferred to Page 2.
4. Enter the approximate time BWN started.
 - a. The time is automatically transferred to Page 2.
 - i. Ex. "10:15 am"
 - ii. Ex. "5:30 pm"
5. Enter date the BWN
 - a. The date is automatically transferred to Page 2.
 - i. Ex. "12/01/24"
6. Select the appropriate reason for the BWN from the 12 dropdown options:
 - a. A main break;
 - b. A line repair;
 - c. Equipment malfunction;
 - d. Equipment maintenance;
 - e. A power outage;
 - f. Low water pressure;
 - g. A loss of water;
 - h. Low chlorine residual;
 - i. A total coliform+ water sample;
 - j. An E. coli+ water sample;
 - k. A planned service outage; or
 - l. A storm event.
7. Select the appropriate reason for the BWN on the Spanish version of the BWN. The lines are in the same order as the English version.

BWN RECISSION TEMPLATE

There are two (2) locations to enter information on the BWN Recission Template which will need completed. Both are on Page one (English). See photograph below.



1 ->

RESCISSION OF PRECAUTIONARY BOIL WATER NOTICE

The Precautionary Boil Water Notice issued for your water system on [redacted] has been rescinded. ^ 2

Fill in the boxes (numbered on photograph above) according to the directions below.

1. Select the date of the BWN Recession notification.
 - a. The date is automatically transferred to Page 2.
2. Enter the date that the BWN was issued to the City.
 - a. The date is automatically transferred to Page 2.

Please note, both the BWN and BWN Recission notices should be sent to the following:

- Northwest District at DEP_NWD@dep.state.fl.us
- Escambia County Health Department at AskEH@flhealth.gov