## **BOIL WATER ORDER - For Community Water System**

PWS Name: Canandaigua Town Cons WD	PWS Id No <u>: NY3430008</u>
Delivered To: <u>James Fletcher</u>	Title: Water Superintendent
<b>Delivered Date:</b> 3 / 1 / 2023 <b>Time:</b> 11:00 am	Method: (circle) hand delivery / fax / e-mail
illness and that immediate corrective action is require system is posing an unacceptable risk to public health  Inadequate Disinfectant Residual  Acute Coliform Exceedance or Violation (E. coli)  Inadequate System Pressure  Waterline Break  Backflow Incident  Use of Unapproved Water Source  Waterborne Disease Outbreak  Water Quality (e.g. flooded source) describe:  Comments:	□ Inadequate Treatment - circle problem(s): disinfection / filtration / bypass / other □ Total Coliform Exceedance - circle problem(s) disinfection waivered system / widespread / repeat occurrences / system startup sample □ Lack of Monitoring - circle missing parameter(s): disinfectant residual / treatment process control turbidity / E. coli following TC+ / other □ Turbidity Exceedance or Violation - conditions determined to warrant 24 hr.public notification
and no later than 24 hours after you learned of the and distribution requirements of Section 5-1.78(c  2. IMPLEMENT MEASURES TO CO determine what corrective actions are needed. The treatment; increase or revise monitoring; or switch equipment, tanks and water lines with water known 3. TEST WATER QUALITY - consult waters this will require total coliform sampling untuing 4. LIFT BOIL WATER NOTICE - Heal lifting notice to the same recipients using the same	PRRECT THE PROBLEM - consult with the Health Department to his may require that you repair equipment; install additional the to an alternate water source. You will have to flush affected wn to meet standards.  with your Health Department to identify the testing needs. In most til two consecutive rounds meet coliform standards. In the Department approval is required before lifting the notice. Issue he distribution methods used to issue the boil water notice.  is order, or fail to meet the requirements set forth in
Issued by: Kendall Larsen	Title Assistant Engineer
Delivered By: <u>email</u>	
Health Agency: New York State Department of L	Jealth Geneva District Office