



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Boil Water Advisory Notification Questionnaire

Office of Water Quality - Drinking Water Branch

(317) 234-7430 • (800) 451-6027

www.idem.IN.gov

100 N. Senate Ave., Indianapolis, IN 46204

INSTRUCTIONS: Complete all information and Email to:
*Please do not fax.

IDEM, OWQ, DWB, Total Coliform & Compliance Support Section
100 N. Senate Avenue, MC: 66-34
Indianapolis, IN 46204-2251 or Email: DWBMGR@IDEM.IN.GOV

What is a Boil Water Advisory (BWA)?

The term Boil Water Advisory (BWA) is intended to communicate actions needed by consumers in response to a situation meeting the definition of a Tier 1 Public Notice (PN). In rule, there is no language referring to a BWA. The rule states that the public water system must provide notice within 24 hours of a tier 1 PN requirement (327 IAC 8-2.1-8). The PN/BWA is to be distributed in a form and manner reasonably calculated to reach all persons served. There are several reasons when a PN or Boil Water Advisory is to be issued. The commonality is that the situation has significant potential to cause serious adverse health effects.

When To Issue a Boil Water Advisory?

It is important to know when to issue an advisory. The water system must be aware and prepare to issue a BWA when:

- Distribution System pressure drops below 20 psi.
- Prior to a scheduled outage for maintenance or repairs where a loss of pressure may be anticipated.
- During or after a water main break of an isolated geographical area or system wide outage.
- Water quality data suggests that there may be a health concern, such as after routine water samples show presence of E. coli.

For more information, please refer to Guidance Document-[IDEM Boil Water Procedure](#)

**Red highlighted fields are required.*

Boil Water Advisory Notification and Intake

Boil Water Advisory Issue Date and Time:	*Date:	*Time:
*Public Water Utility Name:		
*PWSID#: IN	Source Water Type: <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Both	
Contact Person Name:		
Phone Number:	Email:	
Number of Residential Connections Affected:		
Number of Commercial Connections Affected:		
Affected Area: (ex. Cross streets, blocks, system wide, etc.)		
BWA Distribution Method: (How was the BWA advertised?)	<input type="checkbox"/> Social media <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Door Hanger <input type="checkbox"/> Door-to-door posting <input type="checkbox"/> News Outlets <input type="checkbox"/> Other:	
Cause of Outage: (select all that apply) Did outage cause loss of pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, system pressure loss full or partial? <input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Main Break <input type="checkbox"/> Leak <input type="checkbox"/> Hydrant repairs <input type="checkbox"/> Maintenance <input type="checkbox"/> Any Disaster <input type="checkbox"/> Power outage <input type="checkbox"/> Microbial contamination <input type="checkbox"/> Treatment failures <input type="checkbox"/> Cross-connection event <input type="checkbox"/> Unknown <input type="checkbox"/> Other:	
Resolution Description: (what took place, what was done, etc.)		
Boil Water Advisory Estimated Cancellation Date:		
BWA Actual Lift Date and Time:	Date:	Time:
How Many Total Coliform Samples Will/Were Collected:	Will be:	Were:

*All Total Coliform Samples must be marked "Special Purpose" and reported.

Please provide any additional details which are relevant to this situation.

-Please send this form to: DWBMGR@idem.in.gov. Should you have any questions please call 317/234-7435.

-Do not send maps. This information will be made available to the public.

-This information is in addition to the customer Public Notice. Please provide a copy of all information sent to your customers.