

**New Jersey Department of Environmental Protection  
Division of Water Supply & Geoscience**

**Water Supply Emergency Incident Report**

INSTRUCTIONS: For water supply emergencies involving loss of pressure or quality, the supplier of water shall:

- 1) within 6 hours of the occurrence notify NJDEP Hotline 1-877-927-6337 (WARN DEP) for documentation and tracking of the incident;
- 2) inform the Bureau of Water System Engineering (BWSE) at (609) 292-2957 during business hours; and
- 3) submit this completed report form to the Division's general email address at [wsemergency@dep.nj.gov](mailto:wsemergency@dep.nj.gov) unless otherwise specified.

Date Of Report: \_\_\_\_\_ Initial Report [  ] Updated Report [  ]

Completed by: \_\_\_\_\_

**General Information:**

System Name:	PWSID #: NJ
NJDEP Hotline Assigned Tracking Number:	
Point of Contact:	Title:
Cell Phone:	Work Phone:
Fax Number:	Email:

**Incident Description:**

Date of Incident:	Time of Awareness:
Incident Type: Water main break[ <input type="checkbox"/> ] Damage due to construction[ <input type="checkbox"/> ] Explosion[ <input type="checkbox"/> ] Storm event[ <input type="checkbox"/> ] Power outage[ <input type="checkbox"/> ] Flood[ <input type="checkbox"/> ] Contamination[ <input type="checkbox"/> ] Treatment malfunction[ <input type="checkbox"/> ] Other/unknown (Specify)[ <input type="checkbox"/> ]	
Brief Description:	
County(s) Impacted:	
Municipality(s) Impacted:	
Service Connections Impacted:	
Total Population Impacted:	
Water System Area Impacted: Provide northern, southern, western, and eastern street boundaries impacted by the incident; a map depicting the affected area should also be included.	
Is the incident thought to be intentional?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
If Yes, is the area of the incident now being handled as a crime scene by law enforcement?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
If Yes, has the incident been reported to the Suspicious Activity call center (866-472-3365)?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]

**Incident Description (Continued):**

Are any consecutive (i.e. interconnected) water systems affected or impacted? If <b>Yes</b> provide system name(s):	Yes [ ] No [ ]
Are any Healthcare critical facilities or other sensitive populations affected? If <b>Yes</b> indicate all affected: Schools [ ] Daycare facilities [ ] Hospitals [ ] Surgical centers [ ] Endoscopy suites [ ] Nursing homes [ ] Assisted living facilities [ ] Dialysis centers [ ]	Yes [ ] No [ ]
Does the damage or loss of facilities affect critical activities for other Sectors? If <b>Yes</b> , identify all sectors, activities, and/or entities adversely affected: Agriculture/Food [ ] Financial services [ ] Emergency services [ ] Federal/State Governance [ ] Other (specify) [ ]	Yes [ ] No [ ] Not Determined [ ]
Is there extensive damage to a critical facility and/or is there damage to a large portion of your system's infrastructure/facilities (i.e. hurricane damage)?  If <b>Yes</b> please complete the Water Supply Damage Assessment Report ( <a href="http://www.nj.gov/dep/watersupply/doc/ws-dar.docx">http://www.nj.gov/dep/watersupply/doc/ws-dar.docx</a> )	Yes [ ] No [ ]

**Response Actions:**

Has the appropriate water use advisory been issued? If <b>Yes</b> , type of advisory issued: Boil Water [ ] Do Not Drink [ ] Do Not Use [ ] If <b>Yes</b> , delivery methods used (check all that apply): Telephone notification [ ] Reverse 911 [ ] TV/Radio broadcasts [ ] Hand delivery (door-to-door) [ ] Sound truck [ ] Other (specify) [ ]	Yes [ ] No [ ]
Other notifications made: Local police [ ] Fire [ ] Public works [ ] School districts [ ] Mayors of affected towns [ ] Local health department(s) [ ] County health department(s) [ ] Offices of Emergency Management [ ] Critical/sensitive populations [ ]	
Are provisions for alternate water supply being established?  If <b>Yes</b> check all that apply: Interconnections with other community water systems [ ] Bottled water [ ]  Water tanker [ ] Temporary overland hydrant to hydrant connections [ ] Other (specify) [ ]	Yes [ ] No [ ] N/A [ ]

**Recovery Status**

Describe current status of repairs/replacement, etc. being implemented: (Subsequent status reports may expand on the corrective actions implemented.)	
Estimated date/time for repairs and restoration of normal service:	
Was disinfection, flushing and sampling of the repaired infrastructure performed in accordance with the appropriate American Water Works Association (AWWA) standards?	Yes [ ] No [ ]
Attach the results of any water samples collected to verify sanitary repairs restoration of water quality	