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**Water System  
Emergency Response Plan  
Template**

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*Version 2010*

Provided by  
**Mississippi State Department of Health**  
Bureau of Public Water Supply

**Special thanks to  
Community Resources Group, Inc.  
For providing this document which  
has been modified to meet the needs of  
Mississippi's public water systems**

# Water System Emergency Response Plan

## Section I. General ERP Statement

**1.01** Pursuant to guidance from U.S. EPA and in compliance with Section 1433 of the Safe Drinking Water Act and the Emergency Planning and Community Right-to-Know Act, \_\_\_\_\_ has adopted the following Emergency Response Plan to serve as a guide to the management and other staff in responding to an emergency event. Should such an event occur, board members, employees, and other agents of the system shall use this ERP as a guide and their best judgment in preparing an appropriate response. The water system ERP shall be reviewed by the board each year and updated as necessary.

## Section II. General Workplace Safety Policy Statements

### **2.01 General Policy Statement**

Pursuant to Occupational Health and Safety Administration regulations and other federal and state laws, it is the policy of the water system to provide employees with safe and healthy working conditions. It is the Policy of the water system that employees and other agents performing work for the system adhere to the following policy statements in an effort to minimize the chance of workplace accidents which can result in injuries or death to employees or others.

### **2.02 Reporting Workplace Hazards**

The water system requires all employees to report existing and potential hazards as soon as practical to the Certified Operator. It is the responsibility of the water system Board to take every reasonable measure to remove or warn employees about the reported hazards.

### **2.03 Contact List Posting**

Copies of the water system ERP Contact List shall be posted at the water office as well as in every service truck or other vehicle owned or operated by the water system.

### **2.04 Safety Equipment Use**

Individual Safety Equipment supplied by the system or safety components of equipment used by the employees of the water system including but not limited to seat belts, emergency flashing lights, hard hats, safety goggles, traffic cones or barricades, self contained breathing apparatuses, safety harnesses, or other equipment shall be used accordingly. Alteration or removal of any equipment or vehicle's safety device components including but not limited to seat belts, emergency flashing lights, emergency engine kill switches, weight sensitive seat kill switches, or other components is strictly forbidden.

### **2.05 Notification of Injuries**

Employees must inform the Certified Operator of any on-the-job injury or accident requiring first aid or medical attention, whether or not worktime is lost. The Certified Operator will in turn conduct an investigation of any job-related injury or illness requiring a doctor's care. Injuries that require only first aid and result in no loss of production or worktime will be investigated by the Certified Operator who will in turn submit a written report to the Board.

### **2.06 Confined Entry - Climbing Prohibition**

Employees lacking proper training or OSHA certification are prohibited from entering a confined vessel including but not limited to ground storage water tanks, hydropneumatic water tanks, water standpipes, or elevated tanks. Employees are also prohibited from climbing water standpipes or elevated tanks without a safety line and harness and in the absence of another employee on the ground.

**Section III.  
General Emergency Response Procedures**

**3.01 General Emergency Procedures Statement**

It is recommended that the water system employees adhere to the following steps in responding to all emergency event that threaten the system, its employees, its customers, and / or its ability to maintain pressure and to supply potable water in compliance of federal / state drinking water standards.

- 3.01.1 Identify the threat to the public, customers, employees, and / or other system assets.
- 3.01.2 Take appropriate actions to prevent injuries and / or the loss of life.
- 3.01.3 Take appropriate actions to prevent additional injuries and / or damage.
- 3.01.4 Complete repairs based on priority demand.
- 3.01.5 Return water system to normal operational levels.
- 3.01.6 Evaluate effectiveness of the ERP in providing guidance to this emergency event.
- 3.01.7 Revise the ERP as necessary to improve guidance for future events of this type.

**Section IV.  
Accident Procedures**

**4.01 Accidents Involving Employee**

In the event of a workplace related accident causing injury to an employee of the water system, any nearby uninjured employee shall attempt to assess the severity of the injury and determine if an Emergency Response is necessary. If emergency aid is required, the uninjured employee shall contact the appropriate emergency response by dialing 911 and giving the dispatcher specific information related to the accident, location, and nature of the injured employee's injuries. As soon as possible, the Certified Operator should contact the water system's insurance carrier (if the system has workers compensation insurance).

**4.02 Accidents Involving Others**

In the event of an accident causing injury to someone other than an employee of the water system but involving an employee while on the job, the employee shall contact emergency response as soon as practical by dialing 911. The employee should give the dispatcher specific information related to the accident, location, and nature of the injuries involved. As soon as possible, the Certified Operator should contact the water system's insurance carrier and attorney. All employees shall refrain from making statements or admissions of wrong-doing without first consulting the water system's attorney.

**Section V.  
Natural Disasters**

**5.01 Natural Disasters**

In the event of an impending weather related warning or advisory including a Thunderstorm, Tornado, Hurricane, Winter Storm, Flooding, or other natural disaster, the Certified Operator should ensure that the water system is adequately prepared by securing facilities, equipment, and ensuring reasonable protection for the system employees. If a sustained electrical outage is expected, the Certified Operator should coordinate efforts with the County Emergency Management Coordinator and the Mississippi Emergency Management Agency to obtain electrical generators necessary temporarily restore power to water wells, booster pumps, and treatment plants. As soon as possible after the immediate danger has ended, the Certified Operator should have the employees of the water system to conduct a damage assessment of the water system. If the damage has caused or will cause a water outage, steps should be taken to restore water pressure as soon as possible and to issue a boil water notice.

**Section VI.  
External Emergencies**

**6.01 External Emergencies**

In the event of an external emergency which threatens the water system, the Certified Operator and other system employees should ensure that the probability of damage and or contamination of the water system or injury to the employees of the water system is minimized. Such events including an accidental chemical release, nuclear or other radiological release, natural gas or petroleum leak or fire, wildfire, riots or strikes, an act of terrorism or other external emergencies have the possibility of threatening the property, employees, customers, and mission of the water system. In the event of such emergency, the Certified Operator should establish communication and with the County Emergency Management Coordinator and other emergency response agencies to aid in the development of a plan to mitigate any possible damage or threat to the water system

**Section VII.  
Internal Emergencies**

**7.01 Internal Emergencies**

In the event of an internal emergency which threatens the water system, the Certified Operator and other system employees should ensure that the probability of damage and or contamination of the water system, injury to employees, or injury to the public is minimized. Such events including an accidental chlorine release, fire, major water line break, or other internal emergencies have the possibility of threatening the property, employees, customers, and mission of the water system. In the event of such emergency, the Certified Operator should establish communication and with the County Emergency Management Coordinator and other emergency response agencies to aid in the development of a plan to mitigate any possible damage or threat to the water system, its employees, customers, or the public.

**Section VIII.  
Threats and Hoaxes**

**8.01 Threats and Hoaxes**

With the receipt of a verbal, written, or rumored threat to the water system, the Certified Operator and other system employees should consider the threat to be real until proven otherwise. Such threats including but not limited to the use of firearms, explosives, weapons of mass destruction, other weapons, and the threat of contaminating the water supply should be taken seriously. Law enforcement officials should be notified of the threat as soon as possible and steps should be taken immediately to protect the water system, its employees, and its customers. If a threat related to introducing contaminants into the potable water supply, steps should be taken to immediately contact MSDH Bureau of Public Water Supply and the Mississippi Emergency Management Agency (designated Homeland Defense State Coordinating Agency) in addition to shutting off the supply of water and issuing a "Do Not Drink" notice to the customers of the water system. A thorough inspection of the water system should be implemented as soon as possible in addition to obtaining water samples at the source, storage tanks, and distribution system. Only after analytical tests have proven that no contaminants have been introduced into the water or under order from the MSDH – Bureau of Public Water Supply, should the water system be re-pressurized and the "Do Not Drink" notice lifted.

**Section IX.  
Contamination and Waterborne Disease Outbreaks**

**9.01 Contamination and Waterborne Disease Outbreaks**

Pursuant to the water system Standard Operating and Maintenance Procedures and to the MSDH Operator Minimum Guidelines, the Certified Operator of the water system and other designated employees shall routinely test the disinfectant level residual of the water at the source, storage, and distribution systems. Furthermore, if the free chlorine residual level drops below 0.2 mg/l, the Certified Operator and employees shall take steps to increase the residual including the flushing of lines and raising the chlorine dosage rate and if necessary shock-chlorinating the water. However, if it is suspected that the water system has become contaminated because of increased aesthetic water quality complaints particularly related to unusual odor in the water or by reports of an increase in acute gastrointestinal illnesses or other suspicious illnesses of consumers of water supplied by the system, the Certified Operator shall contact the MSDH – Bureau of Public Water Supply as soon as possible. Increased water quality monitoring should be implemented and if necessary, a thorough inspection of the system's water tanks, backflow prevention devices, and other actions recommended by MSDH should be implemented. If it is suspected that the contamination is a result of intentional sabotage or an act of terrorism, the Certified Operator shall contact the Mississippi Emergency Management Agency as soon as possible.

**Section X.  
Water Outages**

**10.01 Water Outages**

Pursuant to the water system's Standard Operating and Maintenance Procedures and MSDH requirements, a minimum of 20 psi should be maintained throughout the distribution system at all times. Should a major line break, power outage, telemetry failure, or other unintentional or intentional event that results in a sustained pressure of less than this minimum threshold occur, the Certified Operator should coordinate with MSDH – Bureau of Public Water Supply in the issuance of a voluntary Boil Water Notice. Furthermore, bacteriological samples should be taken from the affected areas of the system and if necessary, appropriate actions to increase the disinfectant level by adjusting the chlorine dosage rate or shock treatment should be completed. Only

after samples have been analyzed and determined to be clear of total coliform should the Certified Operator lift the Boil Water Notice to the affected areas of the system.

## **Section XI. Security Measures**

### **11.01 Process-Oriented Security Measures**

It is the policy of the water system that necessary measures are employed at all times to reduce the possibility of intentional damage to the water system's physical plant, office, vehicles and other equipment. All water well sites, tank sites, treatment plant sites are considered restricted areas. Only the payment window vestibule area and board room (only during board meetings) at the water office are not restricted areas. Only authorized employees of the water system may enter restricted areas unaccompanied. All other people are required to be accompanied by an authorized employee of the water system at all times while in restricted areas. Furthermore, all visitors to restricted areas shall be required to sign-in at the water office prior to be accompanied to a restricted area. All restricted areas shall be visibly marked "Restricted Area / Authorized Personnel Only" and shall be kept locked and secure at all times when an employee is not onsite. Other security measures shall also be followed to prevent the unauthorized use, theft, or damage to water system property. Employees shall remove keys from vehicles when not in use and lock doors to vehicles (and tool / supply storage boxes) at night and when attending meetings or training events. Keys to other equipment shall be removed when not in use and additional measures employed to prevent the unauthorized use, theft, or damage. Computers shall be password protected and should be turned off at the close of each business day.

### **11.02 Security Barriers**

Physical and passive security barriers shall be maintained to provide reasonable protection of the water system's assets. All wells, tanks, treatment plants, and pipe / maintenance yards shall be fenced at a minimum height of 72" and include either rolled concertina or barbed wire headers. Gates shall kept operational and shall be locked with single locks only with only authorized system employees having keys. All doors to buildings, control panels, treatment plant rooms, chemical storage rooms / buildings, and electrical control boxes shall be locked at all times. Anti-climb barriers shall be installed on elevated tanks and stand pipes. Passive barriers including motion-activated exterior security lights shall be installed and maintained at the water office and the treatment plant. All facilities including wells, tanks, treatment plants, and the water office and other buildings shall be have security night lights. Other passive barriers including keeping brush and vegetation off of or hanging over fences shall be implemented.

## **Section XII. Recovery Plan**

### **12.01 Recovery Plan**

In the event of an emergency that causes catastrophic damage to the water system, the Certified Operator shall coordinate with the system's insurance carrier and if applicable with the County Emergency Management Coordinator in the development of a recovery plan to return the system to normal operations as soon as possible. The Certified Operator shall also be responsible for giving periodical updates to the Board, to the news media, and to customers during the recovery phase of an emergency. Assistance from outside contractors as well as mutual aid providers shall be requested as necessary to expedite recovery operations.

## **Section XIII. Emergency Response Training and Drilling**

### **13.01 Contamination and Waterborne Disease Outbreaks**

It is the policy of the water system that the management and other system employees have the knowledge and the skills necessary to effectively function during an emergency crisis. The Certified Operator shall ensure that other employees of the system have adequate training opportunities made available. Periodically, the Certified Operator should conduct practice exercises and mock emergency drills to ensure the proper response and readiness of system personnel in handling emergency situations. It is recommended that the Certified Operator involve other local / state agencies as well as neighboring water systems and mutual aid providers in the planning, coordination, and participation in these exercises.

## **Section XIV. ERP Confidentiality**

### **14.01 ERP Confidentiality**

The water system Emergency Response Plan is a controlled document not intended for release to the general public. Every effort shall be made to keep the contents of this ERP confidential and prevent its intentional or unintentional release to others who may use it to identify weaknesses or procedural errors that can be exploited to cause harm to the water system. Release of

this document is permitted to only authorized government agencies as required by law and to the County Emergency Management Coordinator.

**Section XV.  
Appendix Forms**

**15.01 Appendix Forms**

The following Appendix Forms are an integral component of the water system Emergency Response Plan and shall be used in the execution of the aforementioned procedures. Furthermore, copies of all completed forms shall be kept on permanent file at the water office.

1. Emergency Response Plan Contact List
2. Water System Restricted Area Visitor Log
3. Telephone Threat Checklist
4. Suspicious Activity Report
5. FEMA Request for Public Assistance Form 90-135
6. FEMA Potential Subgrantee Preliminary Damage Assessment Form 90-49
7. Policy Certification Form

## Emergency Response Plan Contact List

<b>1.0</b>	<b>Water System Contacts</b>	<b>Name</b>	<b>Title</b>	<b>Phone</b>	<b>Alternate</b>
1.01	Water Office				
1.02	Board Members				
1.03	Employees				
1.04	Attorney				
1.05	Engineer				
1.06	Insurance Carrier				
<b>2.0</b>	<b>Emergency Response Contacts</b>	<b>Name</b>	<b>Title</b>	<b>Phone</b>	<b>Alternate</b>
2.01	Law Enforcement				
2.02	Fire Department				
2.03	Emergency Medical Service				
2.04	County Emergency Management				
2.05	County Health Department				
2.06	MSDH–Bureau of Water Supply				
2.07	MEMA				
2.08	MS DEQ				
2.09	HAZ-MAT Response Team				
2.10	MS State Highway Patrol				
2.11	FBI Field Office				



## Emergency Response Plan Contact List

<b>3.0</b>	<b>Critical Needs Customers</b>	<b>Company / Org.</b>	<b>Contact Name</b>	<b>Phone</b>	<b>Alternate</b>
3.01	Hospitals				
3.02	Nursing Homes				
3.03	Schools				
3.04	Day Care Facilities				
3.05	Consecutive Water Systems				
3.06	Industrial Critical Customers				
3.07	Commercial Critical Customers				
3.08	Residential (Special Needs)				
<b>4.0</b>	<b>Utility Providers</b>	<b>Company</b>	<b>Contact Name</b>	<b>Phone</b>	<b>Alternate</b>
4.01	Water (Consecutive System)				
4.02	Electrical Utility				
4.03	Telephone Company				
4.04	Natural Gas Utility				
<b>5.0</b>	<b>Emergency Aid Providers</b>	<b>Company</b>	<b>Contact Name</b>	<b>Phone</b>	<b>Alternate</b>
5.01	Excavator Service				
5.02	Well Repair Service				
5.03	Electric Motor Repair Service				
5.04	Electrician				
5.05	Contract Repair Service				
5.06	Mutual Aid Provider #1				
5.07	Mutual Aid Provider #2				
5.08	Equipment Rental (Excavator)				
5.09	Equipment Rental (Generator)				
<b>6.0</b>	<b>Other Emergency Contacts</b>	<b>Company / Org.</b>	<b>Contact Name</b>	<b>Phone</b>	<b>Alternate</b>
6.01	Before-You-Dig (811)				
6.02	CRG-RCAP Technical Assist.				
6.03	Newspaper				
6.04	Radio				
6.05	Television				

Water System Restricted Area  
Visitor Log

Date of Visit	Name of Visitor	Purpose of Visit	Time In	Time Out	Name of Accompanying Authorized Employee

## Telephone Threat Identification Checklist

In the event your water system receives a threatening phone call, remain calm and try to keep the caller on the line. Use the following checklist to collect as much detail as possible about the nature of the threat and the description of the caller.

<p><b>1. Types of Tampering/Threat:</b></p> <p><input type="checkbox"/> Contamination                      <input type="checkbox"/> Threat to tamper</p> <p><input type="checkbox"/> Biological                                <input type="checkbox"/> Bombs, explosives, etc.</p> <p><input type="checkbox"/> Chemical                                  <input type="checkbox"/> Other (explain)</p>
<p><b>2. Water System Identification:</b></p> <p>Name: Address:</p> <p>Telephone:</p> <p>PWS Owner or Manager's Name:</p>
<p><b>3. Alternate Water Source Available: Yes/No                      If yes, give name and location:</b></p>
<p><b>4. Location of Tampering:</b></p> <p><input type="checkbox"/> Distribution Line    <input type="checkbox"/> Water Storage Facilities    <input type="checkbox"/> Treatment Plant    <input type="checkbox"/> Raw Water Source    <input type="checkbox"/> Treatment Chemicals</p> <p><input type="checkbox"/> Other (explain):</p>
<p><b>5. Contaminant Source and Quantity:</b></p>
<p><b>6. Date and Time of Tampering/Threat:</b></p>
<p><b>7. Caller's Name/Alias, Address, and Telephone Number:</b></p>
<p><b>8. Is the Caller (check all that apply):</b></p> <p><input type="checkbox"/> Male            <input type="checkbox"/> Female            <input type="checkbox"/> Foul            <input type="checkbox"/> Illiterate            <input type="checkbox"/> Well Spoken            <input type="checkbox"/> Irrational            <input type="checkbox"/> Incoherent</p>

**9. Is the Caller's Voice (check all that apply):**

- |                                  |                                |                                   |                                    |                                     |
|----------------------------------|--------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Soft    | <input type="checkbox"/> Calm  | <input type="checkbox"/> Angry    | <input type="checkbox"/> Slow      | <input type="checkbox"/> Rapid      |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Loud  | <input type="checkbox"/> Laughing | <input type="checkbox"/> Crying    | <input type="checkbox"/> Normal     |
| <input type="checkbox"/> Deep    | <input type="checkbox"/> Nasal | <input type="checkbox"/> Clear    | <input type="checkbox"/> Lispering | <input type="checkbox"/> Stuttering |
| <input type="checkbox"/> Old     | <input type="checkbox"/> High  | <input type="checkbox"/> Cracking | <input type="checkbox"/> Excited   | <input type="checkbox"/> Young      |
- Familiar (who did it sound like?)
- Accented (which nationality or region?)

**10. Is the Connection Clear? (Could it have been a wireless or cell phone?)**

**11. Are There Background Noises?**

<input type="checkbox"/> Street noises (what kind?)	
<input type="checkbox"/> Machinery (what type?)	
<input type="checkbox"/> Voices (describe)	
<input type="checkbox"/> Children (describe)	
<input type="checkbox"/> Animals (what kind?)	
<input type="checkbox"/> Computer Keyboard, Office	
<input type="checkbox"/> Motors (describe)	
<input type="checkbox"/> Music (what kind?)	
<input type="checkbox"/> Other	

**12. Call Received By (Name, Address, and Telephone Number):**

**Date Call Received:**

**Time of Call:**

**13. Call Reported to:**

**Date/Time**

**14. Action(s) Taken Following Receipt of Call:**

## Suspicious Activity Report

In the event personnel from your water system (or neighbors of your water system) observe suspicious activity, use the following checklist to collect as much detail about the nature of the activity.

<p><b>1. Types of Suspicious Activity:</b></p> <p><input type="checkbox"/> Breach of security systems (e.g., lock cut, door forced open)      <input type="checkbox"/> Changes in water quality noticed by customers (e.g., change in color, odor, taste) that were not planned or announced by the water system</p> <p><input type="checkbox"/> Unauthorized personnel on water system property.      <input type="checkbox"/> Other (explain)</p> <p><input type="checkbox"/> Presence of personnel at the water system at unusual hours</p>
<p><b>2. Water System Identification:</b></p> <p>Name: Address:</p> <p>Telephone:</p> <p>PWS Owner or Manager's Name:</p>
<p><b>3. Alternate Water Source Available: Yes/No      If yes, give name and location:</b></p>
<p><b>4. Location of Suspicious Activity:</b></p> <p><input type="checkbox"/> Distribution Line      <input type="checkbox"/> Water Storage Facilities      <input type="checkbox"/> Treatment Plant      <input type="checkbox"/> Raw Water Source      <input type="checkbox"/> Treatment Chemicals</p> <p><input type="checkbox"/> Other (explain):</p>
<p><b>5. If Breach of Security, What was the Nature of the Breach?</b></p> <p><input type="checkbox"/> Lock was cut or broken, permitting unauthorized entry. Specify location</p> <p><input type="checkbox"/> Lock was tampered with, but not sufficiently to allow unauthorized entry. Specify location</p> <p><input type="checkbox"/> Door, gate, window, or any other point of entry (vent, hatch, etc.) was open and unsecured Specify location</p> <p><input type="checkbox"/> Other Specify nature and location</p>

**6. Unauthorized personnel on site?**

Where were these people?

Specify location

What made them suspicious?

- Not wearing water system uniforms
- Something else? (Specify)

What were they doing?

**7. Please describe these personnel (height, weight, hair color, clothes, facial hair, any distinguishing marks):**

**8. Call Received By (Name, Address, and Telephone Number):**

**Date Call Received:**

**Time of Call:**

**9. Call Reported to:**

**Date/Time:**

**10. Action(s) Taken Following Receipt of Call:**

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**ADJUSTER PRELIMINARY DAMAGE ASSESSMENT**

NATIONAL FLOOD  
 INSURANCE PROGRAM

O.M.B. No. 1660-0005  
 Expires September 30, 2010

**Privacy Act Statement**

The information requested is necessary to process the subject loss. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. However, omission of an item may preclude processing of the form. The information will not be disclosed outside of the Federal Emergency Management Agency, except to the servicing agent, acting as the government's fiscal agent; to claims adjusters to enable them to confirm coverage and the location of insured property; to certain Federal, State, and Local Government agencies for determining eligibility for benefits and for verification of nonduplication of benefits; to the Department of Justice for purposes of litigation or as required by law; and to State and Local agencies for acquisition and relocation-related projects, consistent with the National Flood Insurance Program and consistent with the routine uses described in the program's system of record. Failure by you to provide some or all of the information may result in delay in processing or denial of this claim and/or application.

**Paperwork Burden Disclosure Notice**

Public reporting burden for this form is estimated to average 15 minutes per response. The burden estimate includes the time, effort or financial resources expended by persons to generate, maintain, retain, disclose, or provide information to the Mitigation Division or its agent. You are not required to respond to this collection of information unless a currently valid OMB control number and expiration date is displayed in the upper right corner of the these forms. Send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, S.W., Washington, DC 20472, Paperwork Reduction Project (1660-0005). **NOTE: Do not send your completed form to this address. Send completed forms to: NFIP Bureau & Statistical Agent, Certification Coordinator, P.O. box 310, Lanham, MD 20703-0310.**

WYO COMPANY	DATE OF LOSS	ADJUSTER	FICO NUMBER
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This form is to be used for advisory purposes in helping FEMA and communities identify potential substantially damaged buildings. The adjuster will use "replacement cost" when completing this form; however, the community is required under the National Flood Insurance Program to use "market value" in determining substantial damage.

**PLEASE PRINT LEGIBLY**

POLICY HOLDER	POLICY NUMBER
---------------	---------------

PROPERTY ADDRESS (include zip code)

**PROBABLE REPAIR COST	BUILDING REPLACEMENT COST VALUE	BUILDING ACTUAL CASH VALUE
	\$	\$

POLICY HOLDER	POLICY NUMBER
---------------	---------------

PROPERTY ADDRESS (include zip code)

**PROBABLE REPAIR COST	BUILDING REPLACEMENT COST VALUE	BUILDING ACTUAL CASH VALUE
	\$	\$

POLICY HOLDER	POLICY NUMBER
---------------	---------------

PROPERTY ADDRESS (include zip code)

**PROBABLE REPAIR COST	BUILDING REPLACEMENT COST VALUE	BUILDING ACTUAL CASH VALUE
	\$	\$

\*\*This is an estimate of the cost to repair the building to its pre-flood condition.

## Privacy Act Statement

The information requested is necessary to process the subject loss. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. However, omission of an item may preclude processing of the form. The information will not be disclosed outside of the Federal Emergency Management Agency, except to the servicing agent, acting as the government's fiscal agent; to claims adjusters to enable them to confirm coverage and the location of insured property; to certain Federal, State, and Local Government agencies for determining eligibility for benefits and for verification of agencies for acquisition and relocation-related projects, consistent with the National Flood Insurance Program and consistent with the routine uses described in the program's system of record. Failure by you to provide some or all of the information may result in delay in processing or denial of this claim and/or application.

### PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for the collection of information titled Claims for National Flood Insurance Program (NFIP) is estimated to average 6 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting these forms. You are not required to respond to this collection of information unless a currently valid OMB control number and expiration date is displayed in the upper right corner of the these forms. Send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, S.W., Washington, DC 20472, Paperwork Reduction Project (1660-0005). **NOTE: Do not send your completed form to this address.**

FEMA Form No.	Title	Burden Hours
81-40	Worksheet-Contents-Personal Property	2.5 Hours
81-41	Worksheet-Building	2.5 Hours
81-41A	Worksheet-Building (Cont'd)	1.0 Hours
81-42	Proof of Loss	.08 Hours
81-42A	Increased Cost of Compliance	2.0 Hours
81-43	Notice of Loss	.07 Hours
81-44	Statement as to Full Cost to Repair or Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy	.10 Hours
81-57	National Flood Insurance Program Preliminary Report	.07 Hours
81-58	National Flood Insurance Program Final Report	.07 Hours
81-59	National Flood Insurance Program Narrative Report	.08 Hours
81-63	Cause of Loss and Subrogation Report	1 Hour
81-96	Manufactured (Mobile) Home/Travel Trailer Worksheet	.50 Hours
81-96A	Mobile Home/Travel Trailer Worksheet (Continued)	.25 Hours
81-98	Increased Cost of Compliance (ICC) Adjuster Report	.42 Hours
81-109	Adjuster Preliminary Damage Assessment	.25 Hours
81-110	Adjuster Certification Application	.25 Hours



**DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
REQUEST FOR PUBLIC ASSISTANCE**

O.M.B. No. 1660-0017  
Expires October 31, 2008

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 10 minutes. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless a valid OMB number appears in the upper right corner of this form. **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT <i>(Political subdivision or eligible applicant.)</i>	DATE SUBMITTED
-----------------------------------------------------------------	----------------

COUNTY *(Location of Damages. If located in multiple counties, please indicate.)*

**APPLICANT PHYSICAL LOCATION**

STREET ADDRESS

CITY	COUNTY	STATE	ZIP CODE
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**MAILING ADDRESS *(If different from Physical Location)***

STREET ADDRESS

POST OFFICE BOX	CITY	STATE	ZIP CODE
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**Primary Contact/Applicant's Authorized Agent**

**Alternate Contact**

NAME	NAME
TITLE	TITLE
BUSINESS PHONE	BUSINESS PHONE
FAX NUMBER	FAX NUMBER
HOME PHONE <i>(Optional)</i>	HOME PHONE <i>(Optional)</i>
CELL PHONE	CELL PHONE
E-MAIL ADDRESS	E-MAIL ADDRESS
PAGER & PIN NUMBER	PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)?  Yes  No

Private Non-Profit Organization?  Yes  No  
If yes, which of the facilities identified below best describe your organization? \_\_\_\_\_

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."

**Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.**

Official Use Only: FEMA-____-DR-____ - ____ FIPS# _____	Date Received:
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**CERTIFICATION OF ADOPTION**

I hereby certify that the above Emergency Response Plan was adopted by a motion properly made, seconded, and approved by \_\_\_\_\_ (governing board) on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D. with the effective date being \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D. I further certify that the policy remains in force, has not been amended, or rescinded.

Certified Record of Vote: \_\_\_\_\_ voting "Yes", \_\_\_\_\_ voting "No", \_\_\_\_\_ Abstaining or Absent.

Directors voting "Yes"

Directors voting "No"

Directors Absent or Abstaining

\_\_\_\_\_  
Responsible Official Name / Signature

\_\_\_\_\_  
Date

**Annual Review / Approval Certification**

<b>Year</b>	<b>Signature</b>	<b>Date</b>
2010	_____	_____
2011	_____	_____
2012	_____	_____
2013	_____	_____
2014	_____	_____
2015	_____	_____
2016	_____	_____
2017	_____	_____
2018	_____	_____
2019	_____	_____