## **BOIL ADVISORY DECLARATION FORM**

Water System ID: LA <u>1065005</u> Water System Name: <u>Bayou Macon Water System</u>
Parish: Madison
Name of Person Submitting Boil Advisory: <u>Claude Williams</u> Kim Buckingham
Title of Person Submitting Boil Advisory: Operator / Office Manager
Contact Info: Mobile #: _318.878.2111 Business #: _318.878.2111 Email Address: _BMWSystem140@gmail.com
Reason for Boil Advisory (Planned Outage, Water Main Break, Loss of Pressure – less than 20* psi, Power Failure, Treatment Failure, Pump Failure, Bacteriological Contamination): <u>Leak</u> repair on Hwy 80
Describe the Situation: Leak was found and repair has been made.
Date of Occurrence: <u>03.13.25</u> Date Boil Advisory Issued/Distributed: <u>03.13.25</u>
Public Notification Methods Used (Local TV, Door Hangers, Radio, Hand Delivery, Email, Social Media, Emergency Water System Notifications or 1 Call, etc.): <a href="www.bayoumaconwater.com">www.bayoumaconwater.com</a> <a href="www.bayoumaconwater.com">website – and text msgs.</a>
Number of Service Connections (Meters) Affected: <u>134 Homes</u> Population Affected (3 x Number
of Service Connections Affected): <u>402 people</u> Water Main Size (if Applicable): <u>8" Line</u>
System-wide Advisory? (YES or NO): No
If Partial Advisory, describe Area Affected (Addresses, Street Names): <u>All customers North of I-20</u>
Was System Isolated/Valved Off? (YES or NO): _YES
List of Critical Customers (Hospitals, Nursing Homes, Daycares, Schools, Dentist Offices, Surgery Centers, Dialysis Centers, etc.): <u>CDF Healthcare</u>
Food Establishments (Grocery Stores, Restaurants, Delis, Gas Stations, etc.): 2
Number of Samples to be Collected & Submitted: <u>Two</u>
Sample Collection Expected Date: 9.19.25 sample Submittal Expected Date: 9.19.24
Signature: Kimbarly C Ruckingham, Office Manager