

City of Keiser



Water System Emergency Response Plan

*(Compliant with Section 1433 of the
Safe Drinking Water Act of 1996)*

December 18, 2023



Technical Assistance provided to the City of Keiser at no cost through a technical assistance cooperative agreement with the Arkansas Department of Health.

COMMUNITIES
Unlimited



City of Keiser

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, the City of Keiser 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, the Mayor, City Council, Employees, and other agents of the water 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 Mayor and City Council 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 City of Keiser to provide employees with safe and healthy working conditions. It is a requirement of the City of Keiser 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 City of Keiser requires all employees to report existing and potential hazards as soon as practical to the Mayor. It is the responsibility of the City of Keiser Mayor and City Council 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 kept updated and readily available to the Mayor, Operator, and Recorder/Treasurer.

2.04 Notification of Injuries

Employees must inform the Mayor of any on-the-job injury or accident requiring first aid or medical attention, whether or not worktime is lost. The Mayor 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 Recorder/Treasurer who will in turn submit a written report to the Mayor and the City Council.

2.05 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, hydro pneumatic 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 City of Keiser 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 emergency repairs based on priority demand.
- 3.01.5 Complete permanent repairs to 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.

4.01 Accidents Involving Employees

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 Mayor 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 City of Keiser municipal 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 Mayor should contact the municipality's general liability and/or commercial automobile insurance carrier and the municipal attorney. All employees shall refrain from making statements or admissions of wrong-doing without first consulting the City of Keiser 's municipal 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 potential natural disaster, the Operator should ensure that the City of Keiser 's 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 City of Keiser should coordinate efforts with the Emergency Management Agency Director and the Arkansas Emergency Management Agency to obtain electrical generators or fuel necessary to temporarily restore power to water wells, booster pumps, and treatment plants. As soon as possible after the immediate danger has ended, the Operator should conduct a preliminary 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. Furthermore, the FEMA Potential Subgrantee Preliminary Damage Assessment Form 90-49 (located in Appendix Section) should be forwarded to the Emergency Management Agency within twenty-four hours of the event to ensure that the City of Keiser 's water system is eligible for federal / state disaster assistance.

If the City of Keiser is included in a federally-declared disaster and is deemed eligible for the FEMA Public Assistance Grant Program pursuant to the Stafford Act requirements, the Mayor, Recorder/Treasurer, and the Operator shall closely coordinate with the designated FEMA Public Assistance Coordinator and/or Project Liaison and the federal / state damage assessment team. Additionally, these key personnel of the City of Keiser shall attend the local FEMA Public Assistance “Kickoff” meeting to ensure eligibility for FEMA PA Disaster Recovery Grants.

Section VI. External Emergencies

6.01 External Emergencies

In the event of an external emergency which threatens the water system, the 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 City of Keiser 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 Operator and the Mayor should establish communication and with the Emergency Management Agency Director and other emergency response agencies to aid in the development of a plan to mitigate any possible damage or threat to the City of Keiser

Section VII. Internal Emergencies

7.01 Internal Emergencies

In the event of an internal emergency which threatens the City of Keiser , the 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 Operator should establish communication and with the Emergency Management Agency Director 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 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 the Arkansas Department of Health and the ADEM in addition to shutting off the supply of water and issuing a “Do Not Drink” notice to the customers of the City of Keiser . 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 ADH, should the City of Keiser 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 City of Keiser Water System Standard Operating and Maintenance Procedures and to the ADH Operator Minimum Guidelines, the Operator 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 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 Operator shall contact the Arkansas Department of Health 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 ADH should be implemented. If it is suspected that the contamination is a result of intentional sabotage or an act of terrorism, the Operator shall contact the ADEM as soon as possible.

Section X.
Water Outages

10.01 Water Outages

Pursuant to the City of Keiser Water System Standard Operating and Maintenance Procedures and the Arkansas Department of Health regulations, 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 Operator should coordinate with the ADH in the issuance of a voluntary Boil Water Notice. Furthermore, bacteriological samples should be taken from the effected 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 Operator lift the Boil Water Notice to the effected areas of the system.

Section XI.
Security Measures

11.01 Process-Oriented Security Measures

It is the policy of the City of Keiser 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 authorized employees of the City of Keiser (and the electric utility meter reader / service technician) 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 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 the City of Keiser's property. 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 be 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 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 City of Keiser shall coordinate with the system's insurance carrier and if applicable with the Mississippi County Arkansas Office of Emergency Management in the development of a recovery plan to return the system to normal operations as soon as possible. The Mayor shall also be responsible for giving periodical updates to the City Council, to the news media, and to customers during the recovery phase of an emergency and serve as the primary Public Information Officer for the City of Keiser. Assistance from the W.A.R.N. network, other mutual aid providers, and outside contractors as necessary shall be requested as necessary to expedite recovery operations.

Section XIII. Emergency Response Training and Drilling

13.01 NIMS Training Certification Requirements

It is the policy of the City of Keiser that water system management (Mayor) have the knowledge and the skills necessary to effectively function during an emergency crisis or incident. The Mayor shall become NIMS/ICS certified (IS 100, 200, 700, and 800 courses) as soon as possible. Periodically, the Mayor should participate in practice exercises and mock emergency drills to ensure the proper response and readiness of system personnel in handling emergency situations. It is recommended that other water system employees also complete at a minimum the IS 100 Public Works self-study course. The Mayor shall periodically coordinate with other local / state agencies as well as neighboring water systems and mutual aid providers in the planning, coordination, and participation in emergency exercises and drills.

Section XIV. ERP Confidentiality and Annual Review

14.01 ERP Confidentiality

Pursuant to Section 1433 of the Safe Drinking Water Act the City of Keiser 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 Mississippi County Arkansas Office of Emergency Management upon request.

14.02 ERP Annual Review

The City of Keiser City Council shall annually review this ERP and amend as necessary. The Mayor shall sign and date the ERP on Page 16 (Appendix Section) attesting this annual review process

Section XV.
Appendix Forms

15.01 Appendix Forms

The following Appendix Forms are an integral component of the City of Keiser 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.

- DUPLICATE THESE FORMS AS NECESSARY -

1. Emergency Response Plan Contact List
2. Water System Restricted Area Visitor Log
3. Communications 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 / Annual Review Form

City of Keiser Water System Emergency Contact List

1.0	Water System Contacts	Name	Title	Phone	Alternate
1.01	City Hall	Peggy Sellers	Recorder/Treasurer	(870) 526-2300	(870) 526-2589
1.02	ERP Manager / Point of Contact	Rick Creecy	Mayor	870-526-2300	
1.03	Responsible Official	Same as Above			
1.04	Operator		Operator	(870) 526-2300	
1.05	Other Maintenance Staff	Neal Brown	Water Manager	(870) 526-2300	
1.06	Other Office Staff	Penny Wilbanks	Water/City Hall Coordinatd		
1.07	Board Member	Laura Smith	Council Member		
1.08	Board Member	Jowy Jackson	Council Member		
1.09	Board Member	Donna Bell	Council Member		
1.10	Board Member	Lynn Skaggs	Council Member		
1.11					
1.12					
1.13					
1.14					
1.15					
1.16	Municipal Attorney	Jeremy Thomas		870-563-3700	
2.0	Emergency Contacts	Name	Title	Phone	Alternate
2.01	Keiser Police Department	Andrew Gattis	Sheriff	(870) 526-2300	911
2.02	Mississippi County Arkansas Office	Wayne Reynolds	Director	(870) 563-1309	911
2.03	ADH Director	Lance Jones, P.E.	Director	501-661-2623	
2.03	ADH Regional Engineer	Robert Harris, P.E.	Regional Engineer	501-661-2623	
2.04	ADEM	A. J. Gary	Director	501-683-6700	911
2.05	ADEM	A. J. Gary	Director	501-683-6700	911
3.0	Utility Providers	Company Name	Contact Name	Phone	Alternate
3.01	Electrical Utility	Mississippi County Electric Coop		(800) 763-4563	811
3.02	Natural Gas Utility	Black Hills Energy		888-890-5554	811
3.03	Telephone Company				811
3.04	Other Underground Utilities				811
4.0	Other Contacts	Company Name	Contact Name	Phone	Alternate
4.01	NO-Cost Technical Assistance	Communities Unlimited Inc.	Allen Spradling	479-409-7424	
4.02	Local Newspaper				
4.03	Local TV / Radio				
4.04					
4.05					
4.06					
4.07					
4.08					
4.09					
4.10					

Distribute this Emergency Contact List to ALL City of Keiser Employees and Elected Officials. Additionally, this list should be prominently displayed at the City Hall as well as in all water system service vehicles.

- UPDATE ANNUALLY OR AS NECESSARY -

City of Keiser Communications Threat Checklist

If a threat is communicated to the City of Keiser water system personnel or officials related to the intent to harm anyone, cause damage to the water system or otherwise sabotage or contaminate the water system, complete this form as soon as possible after the threat is received. Follow appropriate reporting procedures pursuant to the City of Keiser Emergency Response Plan.

1. How was the threat communicated to you? (Check One)

A. <input type="checkbox"/>	B. <input type="checkbox"/>	C. <input type="checkbox"/>	D. <input type="checkbox"/>	E. <input type="checkbox"/>
In Person	Telephone	Mail	E-mail	Other (Describe Below)
<i>Complete 4-A</i>	<i>Complete 4-B</i>	<i>Complete 4-C</i>	<i>Complete 4-D</i>	<i>Complete 4-E</i>

2. Description of threat (what was communicated): _____

3. Nature of Threat: (Check One)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bodily Harm	Contamination Threat	Threat of Sabotage	Bomb Threat	Fire Threat

4. Identification of Individual(s) issuing threat: _____
(Name of person - if known or name used)

A. (If Threat was made in person) - Give a physical description of the person(s) making the threat: *(Circle All that Apply)*

Gender:	Male	Female					
Race / Ethnic:	White	Black	Hispanic	Native American	Asian	Middle Eastern	Other
Approximate Age:	Under 20	20-30	30-40	40-50	50-60	Over 60	
Approximate Weight:	100-150	150-200	200-250	250-300	Over 300 pounds		
Approximate Height:	Less than 5'6"	5'6" - 5'9"	5'9"-6'	6'-6'3"	6'3"-6'6"	Over 6'6"	
Clothing Description:	Footwear -	Boots	Tennis Shoes	Dress Shoes	Casual Shoes	No Shoes	
	Pants -	Jeans	Shorts	Slacks	Dress	Coveralls	Other
Shirt -	T-shirt SS	T-shirt LS	Dress Shirt SS	Dress Shirt LS	Knit Shirt SS	Other	
Jacket -	Denim	Windbreaker	Sportcoat	Letterjacket	Coat	Other	
Headgear -	WatchCap	Baseball Cap	Hose or Rag	Cowboy Hat	Other		
Weapon Displayed:	Pistol	Knife	Club or Bat	Shotgun or Rifle	Stungun	Other	

B. (If Threat was made over telephone) - Was the caller? *(Check All that Apply)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	Female	Incoherent	Irrational	Loud	Soft	Angry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm	Slow	Fast	Young	Old	Clear	Slurred

C. (If Threat was made through the mail) - ATTACH COPY OR ORIGINAL OF ENVELOPE AND CORRESPONDENCE MAIL

D. (If Threat was made by e-mail) - ATTACH PRINTED COPY ENTIRE MESSAGE

E. (If Threat was made by other means) - DESCRIBE IN DETAIL ON ATTACHED SHEET OF PAPER

<<COMPLETE NEXT PAGE>>

**City of Keiser
Communications Threat Checklist**

5. Additional Identification of Person(s) Making Threat:

Telephone Number (If identified by Caller ID): _____

Return Address (or e-mail address) if received by mail / e-mail: _____

6. City of Keiser Employee / Official Who Received Threat: _____

Telephone Number: _____

E-mail or Other Number: _____

Date When Threat Received: _____

Time When Threat Received: _____

7. Name of Agency(s) Threat Reported to: **Agency #1:** _____

Agency Official's Name: _____

Date / Time Reported: _____

Agency #2: _____

Agency Official's Name: _____

Date / Time Reported: _____

Agency #3: _____

Agency Official's Name: _____

Date / Time Reported: _____

Agency #4: _____

Agency Official's Name: _____

Date / Time Reported: _____

Report ALL threats of water contamination or water treatment, storage, or distribution system sabotage to the Arkansas Department of Health as well as to local law enforcement as soon as possible! Do NOT consider threats as hoaxes, pranks, or practical jokes - any threat to the quality of the drinking water system should be reported and investigated promptly.

City of Keiser
Report of Unauthorized Access to Water System Facilities

If a suspicious person(s) other than authorized staff is observed at, near, or around the City of Keiser water treatment or storage facilities or tampering with distribution system equipment - OR - if there is evidence of unauthorized entry to said facilities, this report should be completed as soon as possible.

1. Nature of Reported Activity (Check One)

- A.** Unauthorized Person on Premises:
- B.** Suspicious Person Near Facility:
- C.** Report of Distribution System Tampering:
- D.** Evidence of Security Barrier Breach:

Complete the Applicable Section Below based on the selection of A - D above.

1. A. "Unauthorized Person on Premises":

Describe what Unauthorized Person(s) was doing at the facility: _____

1. B. "Suspicious Person Near Facility":

Describe what type of suspicious activity was being conducted by unauthorized person(s) near the water facilities:
(Note if photographs were being taken, measurements being made, or any other equipment was being used):

1. C. "Distribution System Tampering":

Describe what type of distribution system equipment was being tampered with and how (hydrants, valves, backflow prevention devices, meters, other) as well as the location of the equipment that was tampered with:

1. D. "Evidence of Security Barrier Breach ": (Check ALL that apply)

Lock Cut or Damaged Open Window Cut Fence Door Open Hatch Open

Provide additional information below related to the security barrier breach:

City of Keiser
Report of Unauthorized Access to Water System Facilities

2. Physical Description of Person(s) - Height, weight, age, gender, race, clothing, vehicle, etc"

Time / Date First Person(s) first observed at the facility: _____ : _____ am/pm _____ / _____ / _____

Time / Date First Person(s) last observed at the facility: _____ : _____ am/pm _____ / _____ / _____

3. Name of Person providing reported information: _____

Telephone Number: _____

E-mail or Other Number: _____

Date When Report Received: _____

Time When Report Received: _____

4. Name of the City of Keiser employee / official receiving report: _____

Telephone Number: _____

E-mail or Other Number: _____

Date When Report Received: _____

Time When Report Received: _____

5. Name of Agency(s) Unauthorized Access Reported to:

Agency #1: _____

Agency Official's Name: _____

Date / Time Reported: _____

Agency #2: _____

Agency Official's Name: _____

Date / Time Reported: _____

Report ALL potential acts of water contamination or water treatment, storage, or distribution system sabotage to the as well as to local law enforcement as soon as possible! Do NOT consider threats as hoaxes, pranks, or practical jokes - any threat to the quality of the drinking water system should be reported and investigated promptly.

U.S. DEPARTMENT OF HOMELAND SECURITY EMERGENCY PREPAREDNESS AND RESPONSE DIRECTORATE PRELIMINARY DAMAGE ASSESSMENT - POTENTIAL SUBGRANTEE					TEAM	Team Leader Initials/Date	
PUBLIC ENTITY/POTENTIAL SUBGRANTEE INFORMATION							
PUBLIC ENTITY/POTENTIAL SUBGRANTEE		CONTACT & TELEPHONE NO.			POPULATION		
COUNTY/PARISH		ADDITIONAL CONTACT(S) & TELEPHONE NO(S)					
SITE ESTIMATE SUMMARY							
CATEGORY	CRITICAL FACILITIES AND OTHER DAMAGES	INSPECTED		PROJECTED		TOTAL	
		# of Sites	Estimated Cost	# of Sites	Estimated Cost	# of Sites	Estimated Cost
EMERGENCY WORK							
A	Debris						
B	Emer. prot. meas.						
Emergency Work sub-total							
PERMANENT WORK							
C	Roads and bridges						
sub-total							
D	Water control facilities						
sub-total							
E	Buildings and equipment						
sub-total							
F	Utilities						
sub-total							
G	Rec./other						
Permanent work sub-total							
TOTAL							

DISASTER IMPACTS

List detours/critical facilities damaged.

Describe any health and safety issues.

Did previous state or local hazard mitigation measures reduce otherwise eligible costs? *(If yes, please explain)*

Comments:

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

OMB 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
------	--------	-------	----------

MAILING ADDRESS *(If different from Physical Location)*

STREET ADDRESS

POST OFFICE BOX	CITY	STATE	ZIP CODE
-----------------	------	-------	----------

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:
---	----------------

City of Keiser
Certification of Approval / Annual Review of Emergency Response Plan

I hereby certify that the above City of Keiser Emergency Response Plan was adopted by a motion properly made, seconded, and approved by the City of Keiser City Council 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.

Aldermen voting "Yes"

Aldermen voting "No"

Aldermen Absent or Abstaining

 Rick Creecy, Mayor
 The City of Keiser, Arkansas

 Date

Annual Review / Approval Certification

Year	<i>Signature of Mayor</i>	Date
2024	_____	_____
2025	_____	_____
2026	_____	_____
2027	_____	_____
2028	_____	_____
2029	_____	_____
2030	_____	_____
2031	_____	_____
2032	_____	_____



COMMUNITIES Unlimited

Prepared by:

Allen Spradling, Community Environmental Management Advisor
P.O. Box 135 Grubbs 479-409-7424

Other Arkansas CU Office Locations:

Hermitage * West Memphis * Little Rock * Crossett