

**Emergency Management Assistance Compact (EMAC)
Interstate Mutual Aid Request for Assistance**

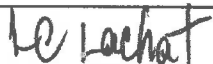
Mission Request Form 29161

*BOB
Mission
3511*



SECTION I: TO BE COMPLETED BY THE REQUESTING STATE					
Select Exercise or Event:	Select One:	New or Amended #:	New		
Event Name:	Hurricane IRMA				
Date:	9/12/2017	Requesting State:	Florida		
State Mission TN #:		EM Software TN #:			
Requesting Agency:	ESF 10	EMAC TN #:			
Requesting State REQ-A Contact:					
	First Name:	Carol	Last Name:	Hinton	
	Phone 1:	850-815-4929	Phone 2:	352-219-2634	
	E-mail 1:	chinton@treeo.ufl.edu	E-mail 2:	ESF10DEP@dep.state.fl.us	
Mission Type:	State	If State:	Public Works	If NG:	Select Status:
Mission Description:	Florida Keys Aquaduct Authority, a drinking water supplier, has major breaks in their water system from Key Largo to Key West (117 miles). No potable water available for citizens. Citizens do not have any safe drinking water and there is no water available for fighting fires.				
Resource Requested:	Need 10 crews with: 3-4 team members per team with the following equipment: Backhoe loader, dump truck, 80 ft. of each 4", 6", 8" C900 PVC, Repair Clamps, Solid Sleeves, 500 ft. 1 inch Polytube, Brass Repair Clamps Fuel for trucks on-site will be provided				
Deployment Dates (including travel days):					
Mobilization:			Demobilization:		
Date Needed:	9/15/2017	Date Released:	9/25/2017		
Deployment Details:					
Work Location/Facilities:			Field - impacted area		
	Location/Facility Name:	Florida Keys Aquaduct Authority			
	Address 1:	1100 Kennedy Drive			
	Address 2:				
	City:	Marathon	Zip Code:	33050	

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Deployment Details (continued):			
Working Conditions		Minimal - Very Little Infrastructure & Support Services	
Working Conditions Comments:		Hot, humid, mosquitos, bright sun	
Living Conditions		Base Camp (or similar) - Meals & Lodging Provided	
Living Conditions Comments:		Housing will be in utility buildings powered by generators. Military truck is enroute to provide food. Team members should be totally self-sufficient: cots, sleeping bags, towels, toiletries and personal effects.	
Identify Health & Safety Concerns (select all that apply):			
		No Safety or Health Concerns have been identified	
		Immunizations or Vaccinations are suggested to deploy on this mission	
<input checked="" type="checkbox"/>		Environmental Hazards Exist for this mission (identified below)	
<input checked="" type="checkbox"/>		Personal Protection Equipment Needed	
Safety Concerns/Remarks:		Leather gloves, hard hats, steel toed boots, eye protection, sun screen. May be lots of debris in area. May be snakes	
Requesting State Resource Coordination Contact:			
First Name:	Carol	Last Name:	Hinton
Title:	Administrator	Agency:	FlaWARN
Phone 1:	850-815-4929	Mobile:	352-219-2635
E-mail 1:	chinton@treeo.ufl.edu	E-mail 2:	ESF10DEP@DEP.state.fl.us
Staging Area and Point of Contact:			
POC First Name:	Tom	Last Name:	Morgan
Phone 1:	305-923-3153	Phone 2:	305-242-2489
Location/Facility Name:	Florida City Water Treatment Plant		
Address 1:	35400 SW 192 Ave		
Address 2:			
City:	Florida City		
Zip Code:	33034		
The EMAC Authorized Signature below certifies that information contained herein accurately represents, to the best of their knowledge, the resource request at the time.			
Name of EMAC Authorized Representative:			
Signature of EMAC Authorized Representative with Date:			Date: