



WATER QUALITY EMERGENCY NOTIFICATION PLAN

WATER SYSTEM NAME:

STREET ADDRESS:

MAILING ADDRESS:

FAX:

PHONE:

E MAIL:

The following persons have been designated to implement the emergency notification plan (as required by CA Health & Safety Code Section 116460), for the above water system, upon notification from the Stanislaus County Department of Environmental Resources, Division of Environmental Health that an imminent danger to the health of water users exists:

WATER SYSTEM PERSONNEL

NAME	TITLE	DAY PHONE/E MAIL	EVENING PHONE

IN THE EVENT OF A WATER QUALITY FAILURE WATER USERS/CUSTOMERS (e.g. tenants, customers, employees, parents of minors etc.) WILL BE NOTIFIED BY THE FOLLOWING METHOD(S): (In the space below check and/or describe the methods or combination of methods to be used. Give consideration to non-English speaking groups.)

WRITTEN NOTICES POSTED AT THE FOLLOWING LOCATIONS: _____

BY PHONE

WRITTEN NOTICES: DOOR-TO-DOOR

NOTICES SENT HOME WITH STUDENTS (SCHOOLS)

OTHER _____

a) Date _____ Submitted by _____

Title _____