

DEPARTMENT OF HEALTH SERVICES
DIVISION OF DRINKING WATER AND ENVIRONMENTAL MANAGEMENT
(Name, Address, and Phone Number of District Office)



WATER QUALITY EMERGENCY NOTIFICATION PLAN

Name of Utility:	System No.
Mailing Address:	FAX No:
Street Address: (if different than mailing address)	E-mail address:

The following persons have been designated to implement the plan upon notification by the State Department of Health Services, Division of Drinking Water, that an imminent danger to the health of water users exists:

WATER SYSTEM PERSONNEL OR SYSTEM CONTACT

NAME	TITLE	DAY PHONE	EVENING PHONE

STATE & COUNTY HEALTH DEPARTMENT PERSONNEL

NAME	TITLE	DAY PHONE	EVENING PHONE

NOTIFICATION PLAN

Describe methods or combinations of methods to be used (radio, television, door-to-door, sound truck, etc.). For each section of your plan give an estimate of the time required, necessary personnel, estimated coverage, etc. Consideration must be given to special organizations, particularly non-English speaking groups, and outlying water users. (Use the other side of form, if necessary).

Report Prepared by: _____ Title: _____
Print Name

Signature: _____ Date: _____