



WATER QUALITY EMERGENCY NOTIFICATION PLAN

Please make sure the writing is as clear as possible.

WATER SYSTEM INFORMATION

System Name

Physical Address

City

State

Zip

PROPERTY OWNER INFORMATION

Name

Mailing Address

City

State

Zip

Phone

Fax

Email

OPERATOR INFORMATION

Name

Title

Mailing Address

City

State

Zip

Phone

Fax

Email

The following person is being designated as the responsible party for responding to administrative and other nonemergency correspondences:

ADMINISTRATOR INFORMATION

Name

Mailing Address

City

State

Zip

Phone

Fax

Email

The following person is being designated as the responsible party for responding to billing and invoices:

BILLING INFORMATION

Name

Mailing Address

City

State

Zip

Phone

Fax

Email

WATER QUALITY EMERGENCY NOTIFICATION PLAN

(Continued)

WATER SYSTEM: _____

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 that an imminent danger to the health of water users exists:

WATER SYSTEM PERSONNEL

	Contact #1	Contact #2	Contact #3
Name			
Title			
Email			
Daytime Phone			
Evening Phone			
Fax			

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:

1. _____ 3. _____
2. _____ 4. _____

BY PHONE

WRITTEN NOTICES: DOOR-TO-DOOR

NOTICES SENT HOME WITH STUDENTS(SCHOOLS)

OTHER: _____

Submitted by (Print): **X**

Title: **X**

Signature: **X**

Date: **X**