

Water Quality Emergency Notification Plan

Name of Water System: _____ System No.: _____

Physical Location/Address: _____

The following persons have been designated to implement the plan upon notification that an imminent danger to the health of the water users exists:

| | |
|-----------------------------|------------------------|
| Water Company: _____ | Telephone: _____ |
| Email Address _____ | Phone _____ Cell _____ |
| Contact Name & Title: _____ | |
| _____ | _____ |
| _____ | _____ |

The implementation of the plan includes notification of the following Imperial County personnel:

| | |
|-----------------------------|------------------------|
| _____ | Telephone: _____ |
| Contact Name & Title: _____ | Phone _____ Cell _____ |
| _____ | _____ |
| _____ | _____ |

| | |
|--|------------------------------|
| Office of Emergency Services (24 hrs.) Ask for "Division of Drinking Water, Duty Officer" | 800-852-7550 or 916-845-8911 |
|--|------------------------------|

An appropriate method of notifying small water system users of imminent danger from unsafe water must be used. Users must be informed that water must not be consumed until it is safe to do so. Please acknowledge methods you will use to notify your water system users in the event you must initiate your Emergency Notification Plan.

I propose to notify my water consumers by the following method(s):

- | | |
|--|---|
| <input type="checkbox"/> Post warnings in a conspicuous place | <input type="checkbox"/> Shutting off all water |
| <input type="checkbox"/> Door to door contact | <input type="checkbox"/> Written handouts |
| <input type="checkbox"/> Telephone | |
| <input type="checkbox"/> I propose to notify my water consumers by the following alternative method: | |

Consideration must be given to special organizations (such as schools), non-English speaking groups, and outlying water users. Ensure that the notification procedures you describe are practical and that you will be able to actually implement them in the event of an emergency.

Report prepared by: _____

Signature: _____ Date: _____

Imperial County Public Health Department, Division of Environmental Health
797 Main Street, Suite B, El Centro CA 92243
Phone: (442) 265-1888 Fax: (442) 265-1903
www.icphd.org