



**MONTEREY COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH BUREAU**

WATER QUALITY EMERGENCY NOTIFICATION PLAN

Name of Water System: _____ Number: 270-_____

System Location: _____

The following persons have been designated to implement the plan upon notification by the Monterey County Health Department, Environmental Health Bureau that an imminent danger to the health of the water users exists:

| | <u>Name</u> | <u>Title</u> | <u>Day Phone</u> | <u>Evening Phone</u> |
|----|-------------|--------------|------------------|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

The implementation of the plan will be carried out with the following County Health Department personnel:

| | | | |
|---|-----------------|---|----------|
| 1 | | Environmental Health Specialist | |
| 2 | Cheryl Sandoval | Supervising Environmental Health Specialist | 755-4552 |
| 3 | Main Office | 1270 Natividad Road, Salinas CA | 755-4507 |
| 4 | Jan Sweigert | District Engineer, SWRCB Division of Drinking Water | 655-6939 |

If a disaster occurs during county non-work hours, and the above personnel cannot be reached, contact 911 (24 hours) - give your name, phone #, water company name, location, nature of emergency, and request a contact with Monterey County Environmental Health personnel.

Notification Plan

Describe methods or combinations of methods to be used (hand delivery, door-to-door, radio, television, 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 if necessary or attach additional pages.)

Report prepared by _____

Signature and Title
8/09, 4/10, 6/12

_____ Date