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:

Name       Title                                    Day Phone   Evening Phone
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.)

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Report prepared by

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