



WATER QUALITY EMERGENCY NOTIFICATION PLAN

Name of System: _____

System Location: _____

The following individuals have been designated to implement the plan upon notification by San Mateo County Environmental Health Services that an imminent danger to the health of the water users exists:

Name	Title	Phone	Cell Phone

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

Name	Title	Phone	Cell Phone

NOTIFICATION PLAN

Describe methods or combination of methods to be used (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 other side of this form if necessary or attach additional pages.

Report Prepared by: _____

Signature: _____ Title: _____ Date: _____