



Shasta County Department of Resource Management
 Environmental Health Division
 1855 Placer Street, Suite 201, Redding, CA 96001
 Phone: (530) 225-5787 • Fax: (530) 225-5413
 www.co.shasta.ca.us

System No. _____

WATER QUALITY EMERGENCY NOTIFICATION PLAN

Name of Water System: _____
 Physical Location Address: _____

The following persons have been designated to implement the plan upon notification by the State Water Resources Control Board(SWRCB), Division of Drinking Water and/or Shasta County Environmental Health Division(SCEHD) that an imminent danger to the health of the water users exists:

Water System:		Telephone		
Contact Name & Title	Email Address	Day	Evening	Cell
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

The implementation of this plan will be carried out with the following SWRCB Division of Drinking Water and SCEHD personnel:

Contact Name & Title	Telephone
1. Shasta County Environmental Health Division	(530) 225-5787
2. Steve Watson State Water Resources Control Board	(530) 224-4800

3. If the above personnel cannot be reached, contact:

Office of Emergency Services (24 Hrs.) Ask for " <i>Division of Drinking of Water, Duty Officer</i> "	(800) 852-7550 or (916) 845-8911
---	----------------------------------

NOTIFICATION PLAN

STANDARD PLAN: Please check if you agree to notify customers by door-to-door contact, written handout sheets; posting, and/or telephone it is important that the people going door-to-door are coordinated and trained so they distribute copies to the designated areas of the water system. Maps of the specific areas that the notices are to be distributed should be provided to the customers. All water consumers will be notified within _____ hours.

ALTERNATE PLAN: Please check if you propose to use another method, and **attach** the alternate plan to this form.

Report prepared by: _____

Signature and Title _____

Date _____