

Mendocino County Health and Human Services Agency

"Healthy People, Healthy Communities" Stacey Cryer v Agency Director



## Community Health Services Branch Environmental Health Division

UKIAH OFFICE 860 N Bush Street Ukiah CA 95482 Phone: 707-234-6625 Fax: 707-463-4038

## Water Quality Emergency Notification Plan for Small Water Systems

The California Health and Safety Code Chapter 4, §116460, requires all water utilities to have an Emergency Notification Plan. This plan is to be implemented whenever the Department of Health Services determines that your water supply fails to meet water quality standards and represents an imminent danger to the health of the water users. The legislation further requires that the notification indicate the nature of the problem with the water supply.

- ▼ As a Small Community Water System, you are required to notify all customers on the water system
- ▼ If an owner or operator of residential property, you must notify all tenants

The Environmental Health Division recommends that the means of notification of your tenants and/or customers be by either door-to-door contact, written handout sheets, posting of a notice at each site where drinking water is dispensed, or telephone communication, using the method most appropriate for your type of operation.

Please indicate the method(s) of notification you plan to use:

<ul> <li>Telephone communication</li> <li>Posting of notice at each site where drinking water is dispensed</li> <li>Send a letter to each water user</li> <li>Small Water System Name ID #</li> <li>Small Water System Address</li> <li>Person residing in the area to be contacted regarding implementation of the Notification Plan:</li> </ul>		Door-to-door				
Posting of notice at each site where drinking water is dispensed     Send a letter to each water user     Small Water System Name ID # Small Water System Address Person residing in the area to be contacted regarding implementation of the Notification Plan: Name Phone / Day Evening Address City Zip Signature Date		Written handout sheets				
Send a letter to each water user         Small Water System Name       ID #         Small Water System Address       ID #         Person residing in the area to be contacted regarding implementation of the Notification Plan:         Name       /         Day       Evening         Address       City       Zip         Signature       Date		Telephone communication				
Small Water System Name       ID #         Small Water System Address		Posting of notice at each site where drinking water is dispensed				
Small Water System Address   Person residing in the area to be contacted regarding implementation of the Notification Plan:   Name   Phone   Phone   Day   Evening   Address   Signature   Date		Send a letter to each water user				
Person residing in the area to be contacted regarding implementation of the Notification Plan:   Name /   Name /   Day Evening   Address   Signature	Small V	Vater System Name		ID #		
Name     Phone     /       Day     Evening       Address     City     Zip       Signature     Date	Small V	Vater System Address				
Address        Zip           Signature        Date	Person	residing in the area to be contacted regarding imple	ementation of the No	tification Plan:		
Address        Zip           Signature        Date	Name		Phone	/		
Signature Date				Day	Evening	
<b>—</b>	Addres	s Cit	ty	Zip		
Title	Signatu	ure		Date		
	Title _					

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