



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

2156 Sierra Way STE. B, San Luis Obispo, CA 93401
PO Box 1489, San Luis Obispo, CA 93406
Phone: (805) 781-5544 Fax: (805)781-4211
Email: ehs@co.slo.ca.us

WATER QUALITY EMERGENCY NOTIFICATION PLAN

NO PERSON SHALL OPERATE A PUBLIC WATER SYSTEM WITHOUT AN EMERGENCY NOTIFICATION PLAN THAT HAS BEEN SUBMITTED TO AND APPROVED BY THE ENVIRONMENTAL HEALTH SERVICES. SUCH AN EMERGENCY NOTIFICATION PLAN SHALL PROVIDE FOR IMMEDIATE NOTICE TO THE CUSTOMERS OF THE PUBLIC WATER SYSTEM OF ANY SIGNIFICANT RISE IN BACTERIAL COUNT OF THE WATER OR OTHER FAILURE TO COMPLY WITH ANY PRIMARY DRINKING WATER STANDARD THAT REPRESENTS AN IMMINENT DANGER TO THE HEALTH OF THE WATER USERS.

WATER SYSTEM: \_\_\_\_\_ SYSTEM NO. \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

THE FOLLOWING PERSONS HAVE BEEN DESIGNATED TO IMPLEMENT THE PLAN UPON NOTIFICATION BT THE WATER PURVEYOR OR ENVIRONMENTAL HEALTH SERVICES

WATER SYSTEM PERSONNEL OR SYSTEM CONTACT

Table with 4 columns: NAME, TITLE, DAY PHONE, EVENING PHONE

ENVIRONMENTAL HEALTH SERVICES AND DIVISION OF DRINKING WATER PERSONNEL

Table with 4 columns: NAME, TITLE, DAY PHONE, ON CALL PHONE

IF THE ABOVE PERSONNEL CANNOT BE REACHED, CONTACT:

OFFICE OF EMERGENCY SERVICES (24 HRS.) (800) 852-7550 OR (916) 845-8911
ASK FOR "STATE WATER RESOURCES CONTROL BOARD - DIVISION OF DRINKING WATER, DUTY OFFICER"

NOTIFICATION PLAN

DESCRIBE METHODS TO NOTIFY CUSTOMERS THAT AN IMMINENT DANGER TO THE HEALTH OF THE WATER USERS EXISTS; FOR EXAMPLE, DOOR- TO-DOOR, TELEPHONE, WRITTEN HANDOUTS, RADIO, TELEVISION, SOUND TRUCK, ETC.

Blank lines for describing notification methods

DESCRIBE ACTION TO BE TAKEN TO REMEDY RISE IN BACTERIAL COUNT, FAILURE TO COMPLY WITH A PRIMARY DRINKING WATER STANDARD OR WATER OUTAGE; FOR EXAMPLE, DISINFECTION, ALTERNATIVE TREATMENT SCHEME, SWITCHING TO ALTERNATE SUPPLY, BRINGING IN EMERGENCY EQUIPMENT TO PROVIDE TEMPORARY WATER, ETC.

Blank lines for describing remedial actions

REPORT PREPARED AND AUTHORIZED BY:

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

APPROVED BY: \_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE