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COUNTY OF KINGS

DEPARTMENT OF PUBLIC HEALTH

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 www.countyofkings.com/health/ehs

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WATER QUALITY EMERGENCY NOTIFICATION PLAN

Name of Utility:	System No.
Mailing Address:	FAX No:
Street Address: (if different than mailing address)	E-mail address:

WATER SYSTEM PERSONNEL OR SYSTEM CONTACT

NAME	TITLE	DAY PHONE	EVENING PHONE

STATE & COUNTY HEALTH DEPARTMENT PERSONNEL

NAME	TITLE	DAY PHONE	EVENING PHONE
Kings County Environmental Health		559 584-1411	559 584 9276 (Emergency Only)

NOTIFICATION PLAN

Describe methods or combinations of methods to be used (radio, television, 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 the other side of form, if necessary).

Report Prepared by: _____ Title: _____
 Print Name

Signature: _____ Date: _____