



WATER QUALITY EMERGENCY NOTIFICATION PLAN

Name of Water System: _____ System No. _____
Physical Location Address: _____

The following persons have been designated to implement that plan upon notification by the Division of Drinking Water and/or County of Nevada that an imminent danger to the health of the water users exists:

Table with 3 columns: Water System, Contact Name & Title, Email Address, Telephone (Day / Evening / Cell). Includes numbered rows 1, 2, 3.

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

Table with 2 columns: Contact Name & Title, Telephone (Day / Evening). Lists Cattie Levenson, Randall Yun, and Specialist On-Call.

Office of Emergency Services (24 hrs) (800) 852-7550
Ask for "Division of Drinking of Water, Duty Officer" -or- (916) 845-8911

NOTIFICATION PLAN

- STANDARD PLAN: Please check if you agree to notify customers by door-to-door contact or written handout sheets.
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