

**DEPARTMENT OF HEALTH SERVICES**

DIVISION OF DRINKING WATER AND ENVIRONMENTAL MANAGEMENT  
 Kings County Environmental Health, 330 Campus Drive, Hanford, CA 93230  
 (559) 584-1411 (559) 584-6040 FAX



**WATER QUALITY EMERGENCY NOTIFICATION PLAN**

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

The following persons have been designated to implement the plan upon notification by the State Department of Health Services, Division of Drinking Water, that an imminent danger to the health of water users exists:

**WATER SYSTEM PERSONNEL OR SYSTEM CONTACT**

NAME	TITLE	DAY PHONE	EVENING PHONE

**STATE & COUNTY HEALTH DEPARTMENT PERSONNEL**

NAME	TITLE	DAY PHONE	EVENING PHONE
Raymond Cooke	EHO IV, Kings County	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: \_\_\_\_\_