



WATER QUALITY EMERGENCY NOTIFICATION PLAN

Water System Name:		Water System Number:	
Physical Location/Address:			
City:		State:	Zip:
THE FOLLOWING STAFF HAVE BEEN DESIGNATED TO IMPLEMENT THE WATER QUALITY EMERGENCY NOTIFICATION PLAN UPON ADVISEMENT BY THE STATE WATER REGIONAL CONTROL BOARD (SWRCB) - DIVISION OF DRINKING WATER (DDW) THAT AN IMMINENT DANGER TO THE HEALTH OF WATER CONSUMERS EXISTS.			
1. Contact Name & Title:		Day Phone:	
Email:		Evening/Cell Phone:	
2. Contact Name & Title:		Day Phone:	
Email:		Evening/Cell Phone:	
3. Contact Name & Title:		Day Phone:	
Email:		Evening/Cell Phone:	
THE FOLLOWING SWRCB-DDW AND COUNTY HEALTH DEPARTMENT PERSONNEL HAVE BEEN DESIGNATED TO ASSIST WITH IMPLEMENTATION OF THE PLAN.			
1. Wei Chang, P.E., San Bernardino District Engineer			
Email: Wei.Chang@waterboards.ca.gov		Day Phone: (909) 383-4329	Evening/Cell Phone: (213) 880-6966
2. Amanda Chapman, Water Resource Control Engineer			
Email: Amanda.Chapman@waterboards.ca.gov		Day Phone: (909) 383-4329	Evening/Cell Phone: (551) 202-0717
3.			
Email:		Day Phone: (800) 442-2283	Evening/Cell Phone: (909) 677-7168
If the above personnel cannot be reached, contact: Office of Emergency Services Warning Center (Available 24hrs) (800) 852-7550 or (916) 845-8911			
NOTE: When reporting a water quality emergency to the Warning Center, ask for the SWRCCB-DDW Duty Officer.			
NOTIFICATION PLAN			
Standard Plan: Select this option if you agree to notify customers by door-to-door contact or written handout sheets. It is important that people going door to door are coordinated and trained to ensure that customers within designated areas of the water system receive notice (including maps) detailing areas of concern.			
Alternate Plan: Select this option if you plan to use another method of notification and attach the alternate plan to this form.			
SIGNATURE(S)			
By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.			
Report Prepared By (Print Name):		Title:	
Signature:		Date:	