

GLENN COUNTY

Planning & Community Development Services Agency Environmental Health Department

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Mardy Thomas, Director

WATER QUALITY EMERGENCY NOTIFICATION PLAN

System #

System Information:

System Name: _____ Phone #: _____
Mailing Address: _____ Fax #: _____
Street Address: _____ APN #: _____
(If different than mailing address)
E-mail Address: _____

The following persons have been designated to implement the plan upon notification by the California Regional Water Quality Control Board, Division of Drinking Water or Glenn County Environmental Health that an imminent danger to the health of water users exists:

WATER QUALITY EMERGENCY NOTIFICATION PLAN

NAME	TITLE	DAY PHONE	EVENING PHONE

STATE WATER BOARD & COUNTY ENVIRONMENTAL HEALTH DEPARTMENT PERSONNEL

NAME	TITLE	DAY PHONE	EVENING PHONE

