GLENN COUNTY

Planning & Community Development Services Agency Environmental Health Department

225 N Tehama St. Willows, CA 95988

Tel: 530.934.6102 Fax: 530.934.6103

www.countyofglenn.net



Mardy Thomas, Director

WATER QUALITY EMERGENCY NOTIFICATION PLAN

	QUALITY EMENGENO		System #		
System Information:					
System Name:			#:		
Mailing Address:					
Street Address:(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		

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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.				

Report Prepared by:		Title:	
	Print Name		
Signature:		Date:	

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