



COUNTY OF INYO

DEPARTMENT OF ENVIRONMENTAL HEALTH SERVICES
 P.O. BOX 427, INDEPENDENCE, CALIFORNIA 93526

WATER QUALITY EMERGENCY NOTIFICATION PLAN

System Name:		System No.	
Mailing Address:		E-mail address:	
Street Address: (if different than mailing address)		FAX No:	
Water Quality Monitoring Chart to be mailed to:			
Daily Population:		Total Service Connections:	

The following persons have been designated to implement the plan upon notification by the Inyo County Environmental Health Services that an imminent danger to the health of water users exists:

WATER SYSTEM PERSONNEL OR SYSTEM CONTACTS			
NAME	TITLE	DAY PHONE	EVENING PHONE

WATER SYSTEM CERTIFIED DISTRIBUTION OR TREATMENT OPERATORS				
OPERATOR NAME	OPERATOR GRADE	CERTIFICATION NUMBER	CERTIFICATION TYPE	EXPIRATION DATE

INYO COUNTY ENVIRONMENTAL HEALTH SERVICES AND STATE DPH CONTACTS				
NAME	TITLE	DAY PHONE	EVENING PHONE	CELL PHONE
Kathe Barton	REHS, Inyo Co. EHS	(760) 873-7865	(760) 937-3875	(760) 937-3875
Marvin Moskowitz	REHS, Director, Inyo Co. EHS	(760) 878-0261	(760) 872-3999	(760) 937-3833
Sean McCarthy	District Engineer, San Bernardino CDPH	(909) 388-2602		

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: _____