Appendix K  Amador Water Agency Emergency Response Plan
Amador Water Agency
Water System Emergency
Response Plan for all

Water Systems

Prepared by:

Amador Water Agency
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1.0 INTRODUCTION

PURPOSE

The purpose of the Emergency Response Plan (ERP) is to effectively respond to an emergency/disaster, to minimize injuries, lessen the impact in the community, minimize facilities damage, and provide guidance to local emergency response personnel.

TYPES OF EMERGENCIES

- Chlorine/Hazardous Materials Release
- Water Outages due to Extended Power Outages
- Untreatable/Contaminated Water
- MCL failures
- Loss of system pressure
- Plant/Well Failure
- Acts of Sabotage/Bio Terrorism
- Earthquakes
- Major Fire Emergencies
- Localized Flooding

PLANNING AND HANDLING THE EMERGENCY

Responsibility:

The Agency General Manager is ultimately responsible for the implementation of the plan. He or she is responsible for keeping the plan current and insuring that all employees are properly trained.
**2.0 EMERGENCY SITUATIONS**

**CHLORINE/HAZARDOUS MATERIALS RELEASE**

**Chlorine Sources:**

The potential source for chlorine release is:

- 60 gallons of 10% Cl₂ solution

(Note: PG & E @ Tiger Creek facility uses liquid sodium hypochlorite) There is a potential for a small, contained spill or splash. Protective gear should be worn at all times when handling corrosive substances. In the event of a spill, use absorbent paper towels to mop up as much of the liquid as possible. Spray down the remainder. If the chemical should get on your face or skin, use the eye-wash station available and seek medical assistance immediately.

**Chlorine Release Type:**

Type 1: A chlorine release contained within the plant facilities and controllable by plant personnel and equipment.

**Assessment and Response:**

1. **Determine the need for a rescue team:**

   The rescue team consists of three plant operators with one serving as back up. It is the policy of this facility to certify these employees in the Red Cross First Aid Program.

2. **Determine the need for an emergency repair team:**

   The emergency repair team consists of three operators (one serving as back up).

<table>
<thead>
<tr>
<th>Name</th>
<th>Work</th>
<th>Home</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damon Wyckoff</td>
<td>257-52484</td>
<td>217-8174</td>
<td>256-1748</td>
</tr>
<tr>
<td>Doug Yardley</td>
<td>257-5233</td>
<td>267-1243</td>
<td>987-2963</td>
</tr>
<tr>
<td>Kreg Miller</td>
<td>257-5216</td>
<td>296-5120</td>
<td>765-9762</td>
</tr>
</tbody>
</table>

3. **Determine the need for outside assistance and/or notification.**

   The Operations Manager is authorized to notify directly or through delegation, the appropriate outside agencies/neighbors. These may include the fire department, police (sheriff) department, Local Office of Emergency Services (OES), industrial or residential neighbors, and anyone else who might provide assistance in responding to the emergency, or who might be affected by it. (See attached list)
2.1 EMERGENCY SITUATIONS

WATER OUTAGES DUE TO EXTENDED POWER OUTAGES
Assessment and Response:

In the event of an extended power outage:

1. Determine the extent of the outage:

Operations Manager and/or Water Production Supervisor (WPS) to determine the extent of the outage, which system it applies to and the potential length of the outage.

2. Determine the level of response:

Operations Manager and/or WPS will determine the “level” of the team required.

3. Set up “Command Center” if applicable.

4. Response

Under direction of the Water Production Supervisor and/or WPS orders:

- Operators are to isolate storage facilities in all affected installations.
- Operators will startup Emergency generation where applicable if the storage level drops to 40%.
- Customer Service shall notify customers and immediately implement conservation measures based on predetermined level (moderate to severe).
- Public Information officer shall notify the local media.
- Customer Service Dept shall issue a public notice on the telephone “hotline” or door tags
- Distribution Supervisor or WPS shall arrange the movement of generators and fuel as define by the timetable.

5. Contact additional staff to assist in response and logistics.

6. Determine the need for outside assistance and/or notification.
2.2 EMERGENCY SITUATIONS

UNTREATABLE/CONTAMINATED WATER
Assessment and Response:

In the event of untreated water due to outside contamination:

Operations Manager, Water Production Supervisor or Construction Superintendent, upon determining the water is untreated and/or contaminated, issues an immediate stop-production order.

1. Determine the extent of the problem:

Operations Manager, Water Production Supervisor or their designees determine the extent and cause of the problem, which system it applies to, and the potential length of the stop-production order.

2. Determine the level of response:

Operations Manager or Water Production Supervisor will determine the “level” of the team required.

3. Set up “Command Center” if applicable.

4. Response:

Under direction of the Water Production Supervisor
- Operators shall isolate storage facilities in all affected installations.
- Customer Service shall notify customers and immediately implement conservation measures based on predetermined level (moderate to severe).
- Public information officer shall notify the local media.
- Customer Service Dept shall issue a public notice on the telephone “hotline” or door tags.
- Draw all required Water Quality Samples and deliver to California Laboratory Services – available 24/7

5. Contact additional staff to assist in response and logistics.

6. Determine the need for outside assistance and/or notification.

7. Contact State Water Resources Control Board, Division of Drinking Water office at 916-948-3816 or 800-852-7550 24 hrs. Additional contact information is available in Appendix E.
2.3 EMERGENCY SITUATIONS

LOSS OF SYSTEM PRESSURE
Assessment and Response:

1. In the event of a loss of system pressure:

2. Gather information and determine response

3. Re-establish pressure as soon as possible
   - Notify affected customers with:
     - Door tags
     - Local Newspaper
     - Local Radio

4. Notify regulatory agencies: (refer to Appendix E)
   - State Water Resources Control Board, Division of Drinking Water
   - Amador County Environmental Health Department
   - Amador County Public Health Department
   - Office of emergency services (OES)

5. Up the dosage of Cl₂ by 20%

6. Obtain (2) bacteriological samples and bring to Sierra Foothill Laboratory, Available 24/7.

7. Determine the need for outside assistance
2.4 EMERGENCY SITUATIONS

MCL FAILURE
Assessment and Response:

1. In the event of an MCL failure:

2. Determine the significance of the exceedence

3. Contact California Department of Health Services for consultation and instructions (refer to Appendix E)

4. Obtain repeat samples and deliver to California Laboratory Services, available 24/7

5. Possibly issue a boil order or other public notice by appropriate communication method

6. Notify Amador County Environmental Health Department and Amador County Public Health Department

7. Determine need for outside assistance

Note:

Positive bacteriological samples for Ecoli, significant loss of system pressure or well or plant sabotage would all require immediate public notification and possibly a system shut down.
2.5 EMERGENCY SITUATIONS

PLANT/WELL FAILURE
Assessment and Response:

In the event of a well failure:

1. Check all electrical controls and power supply.
2. Sound well to check water level.
3. Check infiltration galley and piping.
4. Notify customers for immediate conservation via door tags and telephone calls.
5. Switch to the hydro plant auxiliary raw water supply.
6. Replace failed components (either from stock or local suppliers)
7. Reinstall and test.

2.6 EMERGENCY SITUATIONS

ACTS OF SABOTAGE/BIO TERRORISM
Assessment and Response:

1. Gather information.

Information and/or evidence will need to be collected to help determine that an act of sabotage or bio terrorism has occurred.

2. Determine the level of response.

Operations Manager, Water Production Supervisor, or their designees, will determine the magnitude of the situation and level of response required.

3. Response.

- Determine affected area.
- Isolate system valves or the single water storage tank.

2.6 EMERGENCY SITUATIONS continued

- Notify the Agency General Manager and Customer Service Department.
• Contact the following agencies:
  **Refer to Appendices C and E for contact information**

Office personnel will contact the following agencies. The order in which the agencies are contacted will vary case-by-case.

- State Water resources Control Board, Division of Drinking Water
- Office of Emergency Services
- Office of Environmental Health
- Office of Public Health
- Sheriff
- Hospital
- Center for Disease Control
- FBI
- Fire Department
- Media (refer to media inquiry instructions)
- Customers
- Any other agency listed in the Emergency Notification attachment

4. Obtain a water quality sample and deliver to California Laboratory Services for analysis, available 24/7

5. Determine the need for outside assistance.
### 3.0 EMERGENCY RESPONSE

#### 3.1 RESPONSIBILITY

These duties are the responsibility of the overall emergency response coordinator. He or she may choose to delegate some or all of these duties to a designated certified operator.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Day Shift</td>
</tr>
<tr>
<td>Initiating the Emergency</td>
<td>Any Employee</td>
</tr>
</tbody>
</table>

**Response Plan:**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Coordination</td>
<td>Operations Manager</td>
</tr>
<tr>
<td>Inside Communications</td>
<td>Supervisor/Clerk</td>
</tr>
<tr>
<td>Outside Communications</td>
<td>Supervisor/Clerk</td>
</tr>
<tr>
<td>First Aid/Rescue</td>
<td>Plant Operators</td>
</tr>
<tr>
<td>Phone Answering</td>
<td>Clerk</td>
</tr>
<tr>
<td>Agency Notification</td>
<td>Ranking on-site Supervisor</td>
</tr>
<tr>
<td>Emergency Repair</td>
<td>Plant Operators</td>
</tr>
<tr>
<td>Employee Accounting</td>
<td>Plant Operators</td>
</tr>
<tr>
<td>Visitor Accounting</td>
<td>Plant Operators</td>
</tr>
</tbody>
</table>

**Other Times**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiating the Emergency</td>
<td>Any Employee</td>
</tr>
</tbody>
</table>

**Response Plan:**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inside Communications</td>
<td>Any available employee</td>
</tr>
<tr>
<td>Outside Communications</td>
<td>Any available employee</td>
</tr>
<tr>
<td>First Aid/Rescue</td>
<td>Any available employee</td>
</tr>
<tr>
<td>Phone Answering</td>
<td>Any available employee</td>
</tr>
<tr>
<td>Agency Notification</td>
<td>Ranking on-site Supervisor</td>
</tr>
<tr>
<td>Emergency Repair</td>
<td>Plant Operators</td>
</tr>
<tr>
<td>Employee Accounting</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Visitor Accounting</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
3.2 EMERGENCY RESPONSE

ALARMS

Any employee receiving a call from the plant auto dialer may initiate the ERP.

See Autodialer page in Emergency binder

| 18 Alarms | All Are Voice Alerts |

ASSEMBLY AREAS

<table>
<thead>
<tr>
<th></th>
<th>LaMel</th>
<th>CSA3</th>
<th>lone</th>
<th>Tanner</th>
<th>Buckhorn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>At the storage tanks on Mella Drive</td>
<td>CSA3 Maint. Bldg. on Camanche Rd</td>
<td>Base of Plant access road Foothill Blvd.</td>
<td>Airport pump Ridge Road</td>
<td>Buckhorn Grocery Highway 88</td>
</tr>
<tr>
<td>Secondary</td>
<td>Intersection of Mella Dr. &amp; Shakeridge Rd</td>
<td>Lift Station D located on Quiver Dr.</td>
<td>Highway 104 &amp; Highway 88</td>
<td>Operations Bldg.-Ridge Road</td>
<td>Silver Dr. &amp; Hwy 88</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>PG&amp;E</th>
<th>Plymouth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>At Hydro Office</td>
<td>At Water Treatment Plant</td>
</tr>
<tr>
<td>Secondary</td>
<td>At Water treatment Plant next to Hydro Plant</td>
<td>City main office on Main St.</td>
</tr>
</tbody>
</table>
3.3 EMERGENCY RESPONSE

OVERALL EMERGENCY RESPONSE COORDINATION

The Operations manager is the responsible overall emergency response coordinator. Responsibilities include:

1. Determine the need to mobilize the Emergency Response team.
2. Determine the need for an emergency repair team.

The emergency repair team consists of three operators, with one serving as back up.

<table>
<thead>
<tr>
<th>Operator</th>
<th>Work Phone</th>
<th>Cell Phone</th>
<th>Home Phone</th>
<th>Pager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Damon Wyckoff</td>
<td>257-5284</td>
<td>256-1748</td>
<td>217-8174</td>
<td>None</td>
</tr>
<tr>
<td>Doug Yardley</td>
<td>257-5233</td>
<td>418-5721</td>
<td>267-1243</td>
<td>987-0228</td>
</tr>
<tr>
<td>Kreg Miller</td>
<td>257-5216</td>
<td>765-9762</td>
<td>296-5120</td>
<td>None</td>
</tr>
</tbody>
</table>

3. Determine the need for outside assistance and/or notification.

As overall emergency response coordinator, the Operations Manager is authorized to notify, directly or through delegation, the appropriate outside agencies/neighbors. These may include the fire department, police and sheriff departments, local Office of Emergency Services (OES), Amador County Environmental Health Department, Amador County Public Health Services, industrial or residential neighbors, and anyone else who might provide assistance in responding to the emergency, or who might be affected by it. (see attached list)

4. Contact additional plant personnel to assist in the response.

The Agency Manager and the off-shift Supervisor are to be contacted as soon as practical to assist in the response. If there is no answer at the home phone, call that person’s pager number. When someone is reached, have that person contact the other. That person can also be used to contact any needed non-supervisory personnel.

The Water Production Supervisor and Distribution Supervisor are designated back up to the Operations Manager and are responsible for performing all the duties in the event of the unavailability of the Manager.

PG&E- Contact- Hydro Manager- 209-295-2650 or Hydro Office- 209-295-2600
EMERGENCY RESPONSE

3.4 PHONE ANSWERING

During the day shift, the telephone will be staffed by the Customer Service Department. During the evening shift, it will be staffed by any available employee. Any requests from the media are to be referred to the Agency General Manager or the Public Information Officer at (209)223-3018. If either of these is unavailable, take the person’s name, organization, and phone number.

Persons assigned to answering the phone are not authorized to discuss the incident with the media or with any other callers except people involved with the emergency response. Simply state,”We have had an emergency. We are responding to it now (or it is now ended). Someone from this facility will return your call as soon as possible if you will give me your name, organization, and phone number. I am not authorized to give you any information.” Give your name if asked.

3.5 PROCEDURES FOR NON-WORKING HOURS

The plants are not staffed on a regular 5 day schedule on weekends or holidays. During non-working hours, all gates and building entrances should be closed and locked. A call-duty supervisor is to inspect the plant once a day during weekends and holidays. He or she is authorized to initiate the emergency response plan during these periods.

If the call-duty supervisor receives a call from a neighbor regarding a plant problem, he or she is authorized to initiate the emergency response plan.

The call-duty supervisor will use his or her own discretion in seeking additional help.

3.6 OUTSIDE ASSISTANCE

The overall emergency response coordinator will meet or will delegate an available person to meet at the front gate and escort any outside responders notified by the coordinator to assist in the response. If the front gate is not accessible, the responders should be met at the closest public road.
EMERGENCY RESPONSE

3.7 MEDIA INQUIRY

Media inquiries should be handled, as time permits, by the public information officer or other supervisory personnel. Arriving media representatives should be allowed to wait in the Agency offices, if accessible. No one other than plant employees and emergency responders are allowed access to the plant at anytime during the emergency without prior authorization.

When dealing with the media remember to be honest, courteous, and straight forward and concerned. Do not speculate. Do not give “off the record” comments.

3.8 OSHA Notification

In the event of fatality or multiple hospitalizations, OSHA is to be notified within 48 hours in accordance with OSHA regulations. 209-576-6260.

3.9 Training

There is to be annual refresher training for all emergency response personnel.
Communication Procedures
In general, communications during an emergency response will proceed along the chain of command of the SEMS/ICS. The number of people notified will increase as the incident expands and decrease as the incident contracts toward its conclusion. The type and extent of the disaster will dictate the normal and/or alternative methods of communication that will be used. The possibility of a coordinated attack that targets the water, power, and communications systems must be considered. In this case, it would be reasonable to assume that some methods of communication will either be unavailable or limited to certain areas during an emergency. It is anticipated that employees will know upon arrival at their duty stations which communication systems are functional and which are not. This information should be relayed to the AWA Information Officer upon discovery.

AWA uses the ICS for its command structure during water emergencies. The table below describes the ICS command structure positions and shows which individuals will hold the various positions during different emergency situations (recognizing that at different stages of an event or for different severity of events that the person/position responsible in the ICS changes).

AWA Chain of Command

AWA Primary Position Descriptions and Assignments

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Responsibilities during an Emergency</th>
<th>Contact Numbers</th>
</tr>
</thead>
</table>
| Gene Mancebo                   | Sets incident objectives and priorities. Responsible for management of incident. Coordinates all emergency response activities between agencies. Communicates with all participants including those outside water utility. | Office: 209-223-3018  
|                                |                                                                                                      | Cell: 209-969-5631  |
| Damon Wyckoff                  | Overall management and decision making for the water system. WUERM is lead for managing the emergency and contacting the regulatory agencies. All communications to external parties are approved by the WUERM. | Office: 209-257-5284  
| Water Utility Emergency        |                                                                                                      | Cell: 209-256-1748  
| Response Manager               |                                                                                                      | Home: 209-217-8174   |

AWA Primary Position Descriptions and Assignments

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Responsibilities during an Emergency</th>
<th>Contact Numbers</th>
</tr>
</thead>
</table>
| Gene Mancebo                   | Heads water utility’s EOC. Provides operational and                                               | Office: 209-223-3018  
<p>| Water Utility Emergency        |                                                                                                      | Cell: 209-969-5631  |</p>
<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Responsibilities during an Emergency</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Center Manager</td>
<td>resource management during an emergency</td>
<td></td>
</tr>
</tbody>
</table>
| Cris Thompson | Member of the command staff and reports directly to the Incident Commander. Interfaces with media and disseminates public information. Plans the information strategy. | Office: 209-257-5238  
Home: 209-274-6055  
Cell: 209-304-3169 |
| Karen Gish | Member of the command staff  
On-scene contact for representatives from other agencies. | Office: 209-257-5234  
Home: 209-245-4649  
Cell: 209-304-8438 |
| Karen Gish | Develops and recommends measures for assuring personnel safety.  
Assess and anticipates hazardous and unsafe conditions. | Office: 209-257-5243  
Home: 209-245-4649  
Cell: 209-304-8438 |
| Karen Gish Con’t. | Responsible for administrative functions in the office.  
Receives customer phone calls and maintains a log of complaints and calls.  
In an emergency, could provide a standard carefully pre-scripted message for customers who call with general questions. |  |
| Doug Yardley | In charge of collecting samples, having samples analyzed by certified labs, receiving the results.  
Determines the quality of the water being served meets all drinking water and public health requirements. | Office: 209-257-5233  
Home: 209-267-1243  
Cell: 209-418-5721 |
| Doug Yardley Cont’d. | In charge of running water treatment plant.  
Performs inspections, maintenance, sampling of the WTP and relaying critical information to the WUERM.  
Assess WTP facilities and treatment provided and provides recommendations to the WUERM. |  |
AWA Primary Position Descriptions and Assignments

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Responsibilities during an Emergency</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kreg Miller</td>
<td>In charge of operating the water distribution system. Performs inspections, maintenance, sampling of the system and relaying critical information to the WUERM. Assess facilities and provides recommendations to the WUERM.</td>
<td>Office: 209-257-5216  &lt;br&gt;Home: 209-296-5120  &lt;br&gt;Cell: 209-765-9762</td>
</tr>
<tr>
<td>Keith Heimback</td>
<td>In charge of PG&amp;E Hydro Operations</td>
<td>Office: 209-295-2650  &lt;br&gt;(Forwards to Cell)</td>
</tr>
</tbody>
</table>

AWA Water Sampling and Monitoring Procedures

The AWA in coordination with the California Department of Health Services, will have the primary responsibility for all water sampling and monitoring activities during an actual or potential contamination event. The AWA will provide technical support and advice to the local emergency management agency or HAZMAT team as needed throughout the incident. The AWA will also play a key role in the interpretation and communication of monitoring or lab results and will consult directly with the WUERM on significant findings.

If outside laboratory assistance is needed, AWA will contact the following laboratory facilities:

<table>
<thead>
<tr>
<th>Outside Laboratory Name</th>
<th>Contact Number</th>
<th>Capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alpha Analytical Laboratories, Inc.</td>
<td>916-686-5190  &lt;br&gt;916-650-464-3237 (for after hours)  &lt;br&gt;209-418-9787 (for after hours)</td>
<td>Specialize in environmental chemistry, microbiology, and freshwater aquatic toxicity analyses.</td>
</tr>
</tbody>
</table>

TABLE C-1

<table>
<thead>
<tr>
<th>911 Area</th>
<th>Direct Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PG&amp;E – Chris Bennett or Jeff Elin</td>
<td>209-736-6483, 209-942-1711 cell 209-406-7628</td>
</tr>
<tr>
<td>County Environmental Health Department – Mike Israel</td>
<td>209-223-6439 wk  &lt;br&gt;209-223-3218 hm</td>
</tr>
<tr>
<td>County Public Health Officer- Dr Rita Kerr</td>
<td>209-223-6407  &lt;br&gt;223-9500 24/7</td>
</tr>
</tbody>
</table>

The individual(s) who discover the threat or emergency situation will immediately notify AWA’s 24-hour Call Center. The Dispatcher at the Call Center will then notify the Water Utility Emergency Response Manager.
## AWQA Primary Position Descriptions and Assignments

**Contact Numbers**

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Responsibilities during an Emergency</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TABLE C-2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Name and Title</strong></td>
<td><strong>Responsibilities during an Emergency</strong></td>
<td><strong>Contact Numbers</strong></td>
</tr>
</tbody>
</table>
| Doug Yardley, Water Production Supervisor | Damon Wyckoff, Operations Manager | Office: 209-257-5233  
Home: 209-257-1484 |
| Kreg Miller, Water Distribution Supervisor | Damon Wyckoff, Operations Manager | Office: 209-257-5216  
Home: 209-257-1484 |
| Karen Gish, Safety Officer | Gene Mancebo, General Manager | Office: 209-257-5234  
Home: 209-245-4649 |
| Information Technology Leverage IT | Damon Wyckoff, Operations Manager | Office: 916-984-6243  
Ext 1013 |
| Erik Christeson, Supervisor Engineering & Planning | Damon Wyckoff, Operations Manager | Office: 209-257-5242  
Home: 209-295-6632 |
| Damon Wyckoff, Operations Manager | Gene Mancebo, General Manager | Office: 209-257-5284  
Home: 209-217-8174 |
Home: 209-245-4649 |
| Enter Other Key Personnel as necessary | | |
| Pat Purnell, SCADA System | Damon Wyckoff, Operations Manager | Office: 209-257-5270  
Home: 707-421-8531 |
| Gene Mancebo, General Manager | Cris Thompson, Gene Mancebo | Home: 209-296-1789 |
### TABLE C-3

<table>
<thead>
<tr>
<th>Local Agencies</th>
<th>Name</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Police</td>
<td>Amador County Sheriff</td>
<td>209-223-6500</td>
</tr>
<tr>
<td></td>
<td>California Highway Patrol</td>
<td>209-223-4890 or 911</td>
</tr>
<tr>
<td></td>
<td>Ione Police Department</td>
<td>209-274-2456</td>
</tr>
<tr>
<td></td>
<td>Jackson Police Department</td>
<td>209-223-1771</td>
</tr>
<tr>
<td></td>
<td>Sutter Creek Police Department</td>
<td>209-267-5646</td>
</tr>
<tr>
<td>Fire Department</td>
<td>California Department of Forestry &amp; Fire</td>
<td>209-267-5215</td>
</tr>
<tr>
<td></td>
<td>Ione Fire Department</td>
<td>209-274-4548</td>
</tr>
<tr>
<td></td>
<td>Jackson Fire Department</td>
<td>209-223-6391</td>
</tr>
<tr>
<td></td>
<td>Sutter Creek Fire Department</td>
<td>209-267-0285</td>
</tr>
<tr>
<td>HAZMAT Team</td>
<td>Clay Hawkins, Calaveras County HAZMAT Team</td>
<td>209-754-6500</td>
</tr>
<tr>
<td>Hospital / Critical Care Facility</td>
<td>Sutter Amador Hospital</td>
<td>209-223-7500</td>
</tr>
<tr>
<td>Power Company</td>
<td>Chris Bennett, PG&amp;E</td>
<td>209-736-6483</td>
</tr>
<tr>
<td></td>
<td>Jeff Elin</td>
<td>209-942-1711</td>
</tr>
</tbody>
</table>

### TABLE C-4

<table>
<thead>
<tr>
<th>County Agencies</th>
<th>Name</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Director of Environmental Health Department</td>
<td>Mike Israel</td>
<td>209-223-6439</td>
</tr>
<tr>
<td>Amador County Public Health Officer</td>
<td>Dr Kerr</td>
<td>209-223-6407 223-9500 24/7</td>
</tr>
<tr>
<td>County OES</td>
<td>Lynn Olson</td>
<td>Office: 209-223-6384</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sheriff’s Office: 209-223-6500 24/7</td>
</tr>
</tbody>
</table>
### TABLE C-5

<table>
<thead>
<tr>
<th>Facility Owner</th>
<th>Name</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>PG&amp;E @ Tiger Creek</td>
<td>Administrator</td>
<td>209-295-2651</td>
</tr>
</tbody>
</table>

### TABLE C-6

<table>
<thead>
<tr>
<th>State Agencies</th>
<th>Name</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Boards District Engineer</td>
<td>Bhupinder Sahota</td>
<td>209-948-3881- wk</td>
</tr>
<tr>
<td></td>
<td>If can’t get a hold of “DE”, call the</td>
<td>209-608-9108- hm</td>
</tr>
<tr>
<td></td>
<td>CA Warning Center’s 24/7 phone number and</td>
<td>800-852-7550 24/7</td>
</tr>
<tr>
<td></td>
<td>ask for the CDHS Duty Officer. A CDHS</td>
<td>916-845-8911 24/7</td>
</tr>
<tr>
<td></td>
<td>manager will be contacted and call the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>water system</td>
<td></td>
</tr>
<tr>
<td>Department of Water Resources</td>
<td>Emil Calzascia, Supervising Engineer</td>
<td>916-277-7570</td>
</tr>
<tr>
<td>Department of Fish and Game</td>
<td>Banky Curtis</td>
<td>916-357-2899</td>
</tr>
<tr>
<td>Department of Toxic Substances</td>
<td>B.B. Bevins, Director</td>
<td>Cheril Burgess (916) 322-0504</td>
</tr>
<tr>
<td>Control Board</td>
<td>Mary Boyd</td>
<td>916-464-4676</td>
</tr>
<tr>
<td>CA OES (State OES)</td>
<td>Warning Center</td>
<td>800-852-7550 24/7</td>
</tr>
<tr>
<td></td>
<td>(Ask for CDHS Duty Officer-Drinking</td>
<td>916-845-8911 24/7</td>
</tr>
<tr>
<td></td>
<td>Water Program)</td>
<td></td>
</tr>
</tbody>
</table>

### TABLE C-7

<table>
<thead>
<tr>
<th>Federal Agencies</th>
<th>Name</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBI – Sacramento Field Office</td>
<td>Keith Slotter, Special Agent in Charge</td>
<td>916-481-9110</td>
</tr>
<tr>
<td>EPA</td>
<td>Tam Dudoc, Environmental Quality</td>
<td>916-445-1399</td>
</tr>
<tr>
<td>Department of Homeland Security (DHS)</td>
<td>Operator</td>
<td>202-282-8000</td>
</tr>
<tr>
<td>Health and Human Services (HHS)</td>
<td>Kim Belshe</td>
<td></td>
</tr>
<tr>
<td>Center for Disease Control (CDC)</td>
<td></td>
<td>1-800-311-3435</td>
</tr>
<tr>
<td>ATF</td>
<td></td>
<td>925-479-7500</td>
</tr>
</tbody>
</table>
TABLE C-8

<table>
<thead>
<tr>
<th>Vendors / Contractors</th>
<th>Name</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet Service Provider</td>
<td>Volcano Communications</td>
<td>209-296-7502</td>
</tr>
<tr>
<td>Fuel Supplier (backup generator)</td>
<td>Tom’s Sierra Tire</td>
<td>209-274-2470</td>
</tr>
</tbody>
</table>
| Computer Emergency Response Team | Pat Purnell | Office: 209-257-5270  
Home: 707-421-8531  
Office: 209-257-5211  
Home: |
| Price Brothers Water Supplier |               | 209-267-9292   |
| Speedy Gonsolis Water Supplier | Gilbert Gonsolis | 209-295-4251 wk  
209-295-7129 hm |
| California Laboratory Services | For after hours emergencies | Scott Furnas  
916-638-7301 / 800-635-7301 -wk  
916-216-2349 cell |
| FGL Environmental Lab | 2500 Stage Coach Rd.  
Stockton CA 95215  
( back up to main lab) | 209-942-0182  
24/7 |

TABLE C-9

<table>
<thead>
<tr>
<th>Customer Name</th>
<th>Critical Care Customers</th>
<th>Large Water Users</th>
<th>Primary Contact Information</th>
<th>Secondary Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mule Creek State Prison</td>
<td>Yes</td>
<td>Yes</td>
<td>209-274-4911</td>
<td></td>
</tr>
<tr>
<td>CDF Academy</td>
<td>Yes</td>
<td>Yes</td>
<td>209-274-2426</td>
<td></td>
</tr>
<tr>
<td>Sutter Amador Hospital</td>
<td>No</td>
<td>No</td>
<td>209-223-7500</td>
<td></td>
</tr>
<tr>
<td>City of Ione</td>
<td>Yes</td>
<td>Yes</td>
<td>209-274-2412</td>
<td></td>
</tr>
<tr>
<td>Preston School of Industry</td>
<td>Yes</td>
<td>Yes</td>
<td>209-274-8000</td>
<td></td>
</tr>
<tr>
<td>Ione Elementary</td>
<td>Yes</td>
<td>Yes</td>
<td>209-274-2152</td>
<td></td>
</tr>
</tbody>
</table>
Ione Jr High | Yes | Yes | 209-257-5500

**TABLE C-10**

<table>
<thead>
<tr>
<th>Media Type</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ledger Dispatch</td>
<td>Contact Person: Jim Guidi 209-223-0241</td>
</tr>
<tr>
<td>KNGT</td>
<td>Contact Person: Erin Tognetti, Program Director 916-321-3300</td>
</tr>
<tr>
<td>Sacramento Television Stations:</td>
<td></td>
</tr>
<tr>
<td>ABC – KXTV, Channel 10</td>
<td>Erin Tognetti, Program Director 916-321-3300</td>
</tr>
<tr>
<td>NBC – KCRA, Channel 3</td>
<td>News Department 916-444-7316</td>
</tr>
<tr>
<td>CBS – KOVR, Channel 13</td>
<td>916-374-1313</td>
</tr>
</tbody>
</table>

**TABLE C-11**

<table>
<thead>
<tr>
<th>County Agency</th>
<th>Name</th>
<th>Contact Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Environmental Health Department</td>
<td>Primary: Mike Israel</td>
<td>209-223-6439</td>
</tr>
<tr>
<td></td>
<td></td>
<td>209-223-3821/hm</td>
</tr>
<tr>
<td>County Environmental Health Department</td>
<td>1st Alternate: Scott Myer</td>
<td>209-223-6439</td>
</tr>
<tr>
<td>County Health Environmental Health Department</td>
<td>2nd Alternate: Tim Hall</td>
<td>209-223-6439</td>
</tr>
<tr>
<td>County Public Health Department</td>
<td>Dr Kerr- Public Health Officer</td>
<td>209-223-6407 223-9500 24/7</td>
</tr>
</tbody>
</table>
PUBLIC NOTICE

CONSUMER ALERT DURING WATER OUTAGES OR PERIODS OF LOW PRESSURE

1. If you are experiencing water outages or low water pressure, immediately discontinue any non-essential water usage. This includes all outdoor irrigation and car washing. Minimizing usage will reduce the potential for the water system to lose pressure or completely run out of water. Please notify your water system of the outage or low pressure.

2. If the water looks cloudy or dirty, you should not drink it. Upon return of normal water service, you should flush the hot and cold water lines until the water appears clear and the water quality returns to normal.

3. If you are concerned about the water quality or are uncertain of its safety, you may add eight drops of household bleach to one gallon of water and let it sit for 30 minutes or alternatively, if you are able, water can be boiled for one minute at a rolling boil to ensure its safety.

4. Use of home treatment devices does not guarantee the water supply is safe after low pressure situations.

5. Do not be alarmed if you experience higher than normal chlorine concentrations in your water supply since the California Department of Health Services is advising public water utilities to increase chlorine residuals in areas subject to low pressure or outages.

6. The California Department of Health Services has also advised public water systems to increase the bacteriological water quality monitoring of the distribution system in areas subject to low pressure. They may be collecting samples in your area to confirm that the water remains safe. You will be advised if the sampling reveals a water quality problem.

7. Your water system is committed to make certain that an adequate quantity of clean, wholesome, and potable water is delivered to you. We recommend that you discuss the information in this notice with members of your family to ensure that all family members are prepared should water outages or low water pressure occur.
ORDEN DE HERVIR EL AGUA

Hierva su Agua antes de Usarla
Falta de seguir este aviso podría tener resultados estómago o enfermedad intestinal

Debido a la [falta de agua (water outage), falta de electricidad (power outage), inundación (flood), incendio (fire), temblor (earthquake) o other emergency], durante [date, month, etc.], el Departamento de California de Servicios de Salud en conjunción con la [City, water system name] y el Condado de [County name] está aconsejando a todos usuarios de el sistema de [water system name] que hiervan el agua de canilla o usen agua embotellada para beber y cocinar como medida de seguridad.

Que debo hacer?

NO BEBA EL AGUA SIN ANTES HERVIRLA. Hierva toda el agua, déjela hervir por un minuto, y déjela reposar antes de usarla, o utilice agua embotellada. Agua hervida o embotellada debe ser usada para beber y para preparar la comida hasta el próximo aviso. Hierviendo morta a bacterias y otros organismos en el agua. [or Este es el método preferido para asegurar que el agua esta segura para beber.]

Optional alternative to include for prolonged situations where it fits.

- Otro método de purificación del agua para los residentes que no tengan gas o electricidad disponibles es utilizar blanqueador líquido de uso doméstico (Clorox®, Purex®, etc.). Para hacerlo, añada 8 gotas (o 1/4 cucharadita) de blanqueador por galón de agua clara, o 16 gotas (o media cucharadita) por galón de agua turbia, mézclelo bien y déjelo descansar 30 minutos antes de utilizarlo. Este procedimiento de purificación causa que el agua huela y tenga sabor a cloro, lo que indica que ha sido desinfectada de manera adecuada.
- También se puede utilizar tabletas de purificación del agua siguiendo las instrucciones del fabricante.
- Optativo: Hay agua potable disponible en los siguientes sitios: [List locations] Traiga un recipiente limpio para el agua (con una capacidad máxima de 5 galones).

Le informaremos cuando las pruebas demuestren que no hay bacterias y que usted ya no necesita hervir su agua. Anticipamos que resolveremos el problema el [date of expected resolution in Spanish day-month-year].

Para mas información, por favor póngase en contacto con:
Contacto del sistema de agua: [contact name] al [phone number] o escribiendo a [mailing address].
Departamento de Salud de California: XXX-XXX-XXXX.
Condado de [county name]: [XXXXXX County at (XXX) XXX-XXXX].

Por favor comparta esta información con otros que pueden tomar de esta agua, colocando este aviso en lugares visibles, o remitiéndolo por correo, o entregándolo manualmente. Es de particular interés distribuir este aviso ampliamente si usted lo recibe representando un negocio, un hospital u hogar de infantes u hogar de ancianos o comunidad residencial.
UNSAFE WATER ALERT

[System Name] water is possibly contaminated with [an unknown substance]

DO NOT DRINK YOUR WATER
Failure to follow this advisory could result in illness.

An unknown substance has been added to the drinking water supplied by the [Water System Name] due to a recent [intrusion; break-in] at [one of the wells; our treatment plant; storage tank; specific facility]. The California Department of Health Services, [County Name] County Health Department, and [Water System name] Water System are advising residents of [City, Town, System] to NOT USE THE TAP WATER FOR DRINKING AND COOKING UNTIL FURTHER NOTICE.

What should I do?
- **DO NOT DRINK YOUR TAP WATER---USE ONLY BOTTLED WATER.** Bottled water should be used for all drinking (including baby formula and juice), brushing teeth, washing dishes, making ice and food preparation until further notice.
- **DO NOT TRY AND TREAT THE WATER YOURSELF.** Boiling, freezing, filtering, adding chlorine or other disinfectants, or letting water stand will not make the water safe.

OPTIONS
- **Optional:** Potable water is available at the following locations: [List locations]
  Please bring a clean water container (5 gallons maximum capacity).

We will inform you when tests show that the water is safe again. We expect to resolve the problem within [estimated time frame].

For more information call:
Water Utility contact: [Name, title, phone & address of responsible utility representative].
California Department of Health Services at: [insert local district office, DE and phone number].
Local County Health Department: [insert phone number of local health department].

*This notice is being sent to you by [insert water system name]. California Public Water System ID # [XXXXXX]. Date Distributed: [date].*

Please share this information with all other people who receive this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand.
UNSAFE WATER ALERT

[Insert one-liner language other than Spanish here, otherwise delete.]

[System Name] water is possibly contaminated with [an unknown substance]

DO NOT USE YOUR WATER
Failure to follow this advisory could result in illness.

An unknown substance has been added to the drinking water supplied by the [Water System Name] due to a recent [intrusion; break-in] at [one of the wells; our treatment plant; storage tank; specific facility]. The California Department of Health Services, [County Name] County Health Department, and [Water System name] Water System are advising residents of [City, Town, System] to NOT USE THE TAP WATER FOR DRINKING, COOKING, HAND WASHING, OR BATHING UNTIL FURTHER NOTICE.

What should I do?
• **DO NOT USE YOUR TAP WATER---USE ONLY BOTTLED WATER.** Bottled water should be used for all drinking (including baby formula and juice), brushing teeth, washing dishes, making ice, food preparation and bathing until further notice.

• **DO NOT TRY AND TREAT THE WATER YOURSELF.** Boiling, freezing, filtering, adding chlorine or other disinfectants, or letting water stand will not make the water safe.

**OPTIONS**
• Optional: Potable water is available at the following locations: [List locations] Please bring a clean water container (5 gallons maximum capacity).

We will inform you when tests show that the water is safe again. We expect to resolve the problem within [estimated time frame].

For more information call:
Water Utility contact: [Name, title, phone & address of responsible utility representative].
California Department of Health Services at: [insert local district office, DE and phone number].
Local County Health Department: [insert phone number of local health department].

This notice is being sent to you by [insert water system name]. California Public Water System ID # [XXXXXXXX]. Date Distributed: [date].

Please share this information with all other people who receive this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand.
BOIL WATER ORDER
Este informe contiene información muy importante sobre su agua potable. Tradúzcalo o hable con alguien que lo entienda bien.

BOIL YOUR WATER BEFORE USING
Failure to follow this advisory could result in stomach or intestinal illness.

Due to the recent event [e.g., water outage, power outage, flood, fire, earthquake or other emergency situation], the California Department of Health Services in conjunction with the [County Name] County Health Department, and [Water System name] Water System are advising residents of [City, Town, System] to use boiled tap water or bottled water for drinking and cooking purposes as a safety precaution.

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for one (1) minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking and food preparation until further notice. Boiling kills bacteria and other organisms in the water. [or This is the preferred method to assure that the water is safe to drink.]

Optional alternative to include for prolonged situations where it fits.

- An alternative method of purification for residents that do not have gas or electricity available is to use fresh liquid household bleach (Clorox®, Purex®, etc.). To do so, add 8 drops (or 1/4 teaspoon) of bleach per gallon of clear water or 16 drops (or 1/2 teaspoon) per gallon of cloudy water, mix thoroughly, and allow to stand for 30 minutes before using. A chlorine-like taste and odor will result from this purification procedure and is an indication that adequate disinfection has taken place.
- Water purification tablets may also be used by following the manufacturer’s instructions.
- Optional: Potable water is available at the following locations: [List locations] Please bring a clean water container (5 gallons maximum capacity).

We will inform you when tests show no bacteria and you no longer need to boil your water. We anticipate resolving the problem within [estimated time frame].

For more information call:
Water Utility contact: [Name, title, phone & address of responsible utility representative].
California Department of Health Services – Drinking Water Field Operations Branch-District Office at [(XXX) XXX-XXXX].
Local Environmental Health Jurisdiction: [XXXXX County at (XXX) XXX-XXXX].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.
Name of Utility: Amador Water Agency PGE @ Tiger Creek Water System #0300073

Physical Location/Address: 29000 Tiger Creek Rd. Pioneer, CA 95666

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

<table>
<thead>
<tr>
<th>Water Utility</th>
<th>Contact Name &amp; Title</th>
<th>Email Address</th>
<th>Telephone</th>
<th>Day</th>
<th>Evening</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Damon Wyckoff</td>
<td><a href="mailto:dwyckoff@amadorwater.org">dwyckoff@amadorwater.org</a></td>
<td>209-257-5284</td>
<td>209-217-8174</td>
<td>209-256-1748</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doug Yardley</td>
<td><a href="mailto:dyardley@amadorwater.org">dyardley@amadorwater.org</a></td>
<td>209-257-5233</td>
<td>209-267-1243</td>
<td>209-418-5721</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kreg Miller</td>
<td><a href="mailto:kmiller@amadorwater.org">kmiller@amadorwater.org</a></td>
<td>209-257-5216</td>
<td>209-296-5120</td>
<td>209-765-9762</td>
<td></td>
</tr>
</tbody>
</table>

The implementation of the plan will be carried out with the following State and County Health Department personnel:

<table>
<thead>
<tr>
<th>State &amp; County Health Departments:</th>
<th>Contact Name &amp; Title</th>
<th>Telephone</th>
<th>Day</th>
<th>Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bhupinder Sahota, District Engineer</td>
<td>Division Of Drinking Water</td>
<td>(209) 948-3881</td>
<td>(209) 608-9108</td>
</tr>
<tr>
<td></td>
<td>Dave Remick, Sanitary Engineer</td>
<td>Division of Drinking Water</td>
<td>(209)948-3878</td>
<td>(209) 523-1503</td>
</tr>
<tr>
<td>1.</td>
<td>Tahir Mansoor, Sanitary Engineer</td>
<td>Division of Drinking Water</td>
<td>(209) 948-3879</td>
<td>(916) 714-5383</td>
</tr>
<tr>
<td></td>
<td>Brian Kidwell, Sanitary Engineer</td>
<td>California Department of Health Services</td>
<td>(209) 948-3963</td>
<td>(209) 603-2814</td>
</tr>
<tr>
<td>2.</td>
<td>Michael Israel</td>
<td>County Environmental Health Department Local Primacy Agency</td>
<td>(209)</td>
<td>(209)</td>
</tr>
<tr>
<td></td>
<td>Michelle Opalenik Environmental Scientist</td>
<td>County Environmental Health Department Local Primacy Agency</td>
<td>(209)</td>
<td>(209)</td>
</tr>
<tr>
<td>3.</td>
<td>County Health Department</td>
<td>Dr Kerr- Public Health Officer Lori Jagoda – Public Health Nurse Laurie Schroder- additional contact</td>
<td>(209) 223-6407</td>
<td>(209) 223-6500 24/7 Sheriffs Dept</td>
</tr>
</tbody>
</table>

If the above personnel cannot be reached, contact:

<table>
<thead>
<tr>
<th>Office of Emergency Services Warning Center (24 hrs)</th>
<th>(800) 852-7550 or (916) 845-8911</th>
</tr>
</thead>
</table>

When reporting a water quality emergency to the Warning Center, please ask for the California Department of Health Services – Drinking Water Program Duty Officer.

NOTIFICATION PLAN

Attach a written description of the method or combination of methods to be used (radio, television, door-to-door, sound truck, etc.) to notify customers in an emergency. 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 (such as schools), non-English speaking groups, and outlying water users. Ensure that the notification procedures you describe are practical and that you will be able to actually implement them in the event of an emergency. Examples of notification plans are attached for large, medium and small communities.

Report prepared by:

<table>
<thead>
<tr>
<th>Signature and Title</th>
<th>Date</th>
</tr>
</thead>
</table>

Please use this area for your notification plan: (use additional sheets of paper if needed)

| Emergency communication methods include the following: |
1. Radio local KNGT 223-0241 or 754-3745
   Immediately available 0-15 minutes

2. Door to Door and or by loudspeaker- verbal communication or written door tags/
   Immediately available 0-2 hours

3. Notify Local Law enforcement –Amador County Sheriff  209-223-6500 24/7
   Immediately available

4. Extreme Cases would utilize a variety of Sacramento Radio and TV Stations:
   ABC KXTV CHANNEL 10-(916) 321-3300
   NBC KCRA CHANNEL 3- (916) 444-7316
   CBS KOVR CHANNEL 13-(916) 374-7313

5. Other recourses would include our office staff @ 209-223-3018 and our answering
   Service- Volcano Telephone @ 296-6518
Appendix F
Incident Reports and Forms
INSTRUCTIONS
The purpose of this form is to summarize significant information from a written threat received by a drinking water utility. This form should be completed by the WUERM or an individual designated by incident command to evaluate the written threat. The summary information provided in this form is intended to support the threat evaluation process; however, the completed form is not a substitute for the complete written threat, which may contain additional, significant details.

The written threat itself (e.g., the note, letter, e-mail message, etc.) may be considered evidence and thus should be minimally handled (or not handled at all) and placed into a clean plastic bag to preserve any forensic evidence.

Remember, tampering with a drinking water system is a crime under the SDWA Amendments!

SAFETY
A suspicious letter or package could pose a threat in and of itself, so caution should be exercised if such packages are received. The US Postal Service has issued guidance when dealing with suspicious packages (http://www.usps.com/news/2001/press/pr01_1022gsa.htm).

THREAT NOTIFICATION
Name of person receiving the written threat: _______________________________________________
Person(s) to whom threat was addressed: _______________________________________________
Date threat received: ____________________ Time threat received: ____________________

How was the written threat received?

☐ US Postal service ☐ Delivery service ☐ Courier
☐ Fax ☐ E-mail ☐ Hand delivered
☐ Other ____________________________

If mailed, is the return address listed? ☐ Yes ☐ No
If mailed, what is the date and location of the postmark? ____________________________
If delivered, what was the service used (list any tracking numbers)? ____________________________
If Faxed, what is the number of the sending fax? ____________________________
If E-mailed, what is the e-mail address of sender? ____________________________
If hand-delivered, who delivered the message? ____________________________

DETAILS OF THREAT
Has the water already been contaminated? ☐ Yes ☐ No
Date and time of contaminant introduction known? ☐ Yes ☐ No
Date and time if known: ____________________________
Location of contaminant introduction known? ☐ Yes ☐ No
Site Name: ____________________________________________
Type of facility
☐ Source water ☐ Treatment plant ☐ Pump station
☐ Ground storage tank ☐ Elevated storage tank ☐ Finished water reservoir
☐ Distribution main ☐ Hydrant ☐ Service connection
☐ Other ____________________________________________
Address: ____________________________________________
Additional Site Information: ____________________________________________

Name or type of contaminant known? ☐ Yes ☐ No
Type of contaminant
☐ Chemical ☐ Biological ☐ Radiological
Specific contaminant name/description: ____________________________________________

Mode of contaminant introduction known? ☐ Yes ☐ No
Method of addition: ☐ Single dose ☐ Over time ☐ Other ____________________________
Amount of material: ____________________________
Additional Information: ____________________________________________
Appendix F – Incident Reports and Forms

Motive for contamination known?  □ Yes  □ No
□ Retaliation/revenge  □ Political cause  □ Religious doctrine
□ Other  ____________________________________________
Describe motivation:  ____________________________________________

NOTE CHARACTERISTICS
Perpetrator Information:
Stated name:  ____________________________________________
Affiliation:  ____________________________________________
Phone number:  ____________________________________________
Location/address:  ____________________________________________

Condition of paper/envolop:
□ Marked personal  □ Marked confidential  □ Properly addressed
□ Neatly typed or written  □ Clean  □ Corrected or marked-up
□ Crumpled or wadded up  □ Soiled/stained  □ Torn/tattered
□ Other:  ____________________________________________

How was the note prepared?
□ Handwritten in print  □ Handwritten in script  □ Computer typed
□ Machine typed  □ Spliced (e.g., from other typed material)
□ Other:  ____________________________________________
If handwritten, does writing look familiar?  □ Yes  □ No

Language:
□ Clear English  □ Poor English
□ Another language:  ____________________________________________
□ Mixed languages:  ____________________________________________

Writing Style
□ Educated  □ Proper grammar  □ Logical
□ Uneducated  □ Poor grammar/spelling  □ Incoherent
□ Use of slang  □ Obscene
□ Other:  ____________________________________________

Writing Tone
□ Clear  □ Direct  □ Sincere
□ Condescending  □ Accusatory  □ Angry
□ Agitated  □ Nervous  □ Irrational
□ Other:  ____________________________________________

SIGNOFF
Name of individual who received the threat:
Print name  ____________________________________________
Signature  ___________________________ Date/Time: ____________

Name of person completing form (if different from written threat recipient):
Print name  ____________________________________________
Signature  ___________________________ Date/Time: ____________

Source: EPA Response Protocol Toolbox Module 2, Section 8.6 – Interim Final December 2003
IT Incident Response and Reporting Checklist

Date _______________________________ Time ________________________________

Status:

- [ ] Site Under Attack
- [ ] Past Incident
- [ ] Repeated Incidents
- [ ] Unresolved

Contact Information:

Name ____________________________________________

Title ____________________________________________

Utility ____________________________________________

Direct-dial phone ________________________________

E-mail ____________________________________________

Location / Site involved ____________________________________________

Street Address ____________________________________________

City ____________________________________________

State/ZIP ____________________________________________

1. What is the nature of the emergency? (Check all that apply)

- [ ] Denial of Service attack
- [ ] Unauthorized electronic monitoring
- [ ] Network intrusion
- [ ] Insider attack
- [ ] Probe/scan
- [ ] Malicious code (virus, Trojan horse, worm)
- [ ] Website defacement
- [ ] Other (explain)

2. Is there just one, or more than one, incident involved simultaneously?

3. Is this a single or multi-site incident?

4. What is the extent of penetration / infection?

5. Estimate the duration of attack

6. What is the entry point of the incident (network, the phone line, etc)?

7. What resources will be required to deal with this incident? (A Computer Emergency Response Team with a forensic expert might be needed immediately to analyze a major incident versus simply disconnecting the compromised equipment from the Internet for later analysis)

8. What is the source of the attack?

9. What is the target of the attack?

10. Impact of attack

11. Has there been a loss or compromise of business data?

12. What type of data has already been compromised or is at risk?
13. How critical is this data?

14. **Affect on customers** (Customers might be sensitive, based on the intensity level of the intellectual property loss. It could be a violation of privacy legislation versus a serious theft of software property, critically affecting a customer’s enterprise-level business)

15. Estimate system downtime

16. Document damage to systems

17. Estimate financial loss

18. Has there been damage to the integrity or delivery of water or services?

19. Describe

20. Other utility systems affected

21. **Severity of attack** (include financial loss)

   - □ Low
   - □ Medium
   - □ High

22. Did the attacker gain root, administrative or system access?

23. How was the incident detected?

   - □ Intrusion detection system or audit logs
   - □ External complaint
   - □ User report
   - □ Other

24. What are the known symptoms?

25. What utility areas are affected?

26. What systems are affected?

   Gather as much information as possible about the systems, including suspected systems. For example:

   - □ Operating system
   - □ Platform
   - □ Applications
   - □ IP addresses
   - □ Associated or suspected user IDs
   - □ Most recent changes applied
   - □ Other related items

27. Are the backups of the perceived affected systems available (provide all of the information regarding online, onsite, or offsite backups)?

See [www.cert.org/tech_tips/intruder_detection_checklist.html](http://www.cert.org/tech_tips/intruder_detection_checklist.html) for more information on detecting an intruder.
Maintaining Crime Scene Integrity*

Security breaches and suspicious activity need to be evaluated to determine if the actions are a result of “normal” activity, such as a construction crew working in the area, or the result of activity that could result in an intentional threat to the safety or security of the facility and its operations.

- As soon as you recognize that the threat is/was intentional and particularly if the actions of the threatening individuals are suspected to have been successful, you must notify facility management ([Security Director]/[General manager]).

- The ([SD]/[GM]) should immediately notify the local law enforcement agency responsible for criminal investigation at the facility as soon as they have verified a credible threat.

- No personnel from [UTILITY ABBREVIATION] facility should enter the area where any possible criminal activity might have occurred so as not to disturb the area. All signs of inappropriate entrance to the facility and any physical activity of the suspects must be available for evaluation by law enforcement without any disturbance.

- [UTILITY ABBREVIATION] facility staff and/or law enforcement may collect water samples prior to the collection of physical evidence.

- [UTILITY ABBREVIATION] facility staff should collect samples outside of the boundaries of the suspected crime scene, if possible, to avoid concerns about the integrity of the crime scene.

- The [UTILITY ABBREVIATION] facility [GM] should pre-designate a qualified laboratory that can assist in analysis, if the sample is suspected to contain water that has been intentionally contaminated, to insure chain of evidence custody. Law enforcement may require the collection of an additional sample set to be analyzed by their designated lab.

- [UTILITY ABBREVIATION] facility staff should be aware of possible physical evidence of contamination that might include discarded PPE, equipment (such as pumps and hoses), or containers with residual material. Special care should be taken by facility personnel to avoid moving or disturbing any potential physical evidence.

- [UTILITY ABBREVIATION] facility staff should notify [SD]/[GM] of any obvious physical evidence of contamination.

- [UTILITY ABBREVIATION] facility staff should not handle any physical evidence except at the direction of the appropriate law enforcement agency.

- Any photographs or videos taken by [UTILITY ABBREVIATION] facility staff should be reported to law enforcement for proper handling to ensure integrity of the evidence.

The [UTILITY ABBREVIATION] [SD]/[GM] if appropriate, should clearly designate the area of suspected criminal activity to assure that facility personnel do not inadvertently enter the area and disturb evidence.
The [UTILITY ABBREVIATION] [SD]/[GM] can instruct security personnel to stand by and/or lock doors/gates, and/or string tape or rope to restrict entrance, as appropriate.

The [SD]/[GM] should balance the needs of both the public health concerns and the concerns of possible criminal activity in their decisions to protect the crime scene.

* Adapted from EPA Response Protocol Toolbox: Planning for and Responding to Drinking Water Contamination Threats and Incidents Module 3: Site Characterization and Sampling Guide Section 3.6.
Phone Threat Report Form

**INSTRUCTIONS**
This form is intended to be used by utility staff that regularly answer phone calls from the public (e.g., call center operators). The purpose of this form is to help these staff capture as much information from a threatening phone call while the caller is on the line. It is important that the operator keep the caller on the line as long as possible in order to collect additional information. Since this form will be used during the call, it is important that operators become familiar with the content of the form. The sections of the form are organized with the information that should be collected during the call at the front of the form (i.e., Basic Call Information and Details of Threat) and information that can be completed immediately following the call at the end of the form (i.e., the description of the caller). The information collected on this form will be critical to the threat evaluation process.

*Remember, tampering with a drinking water system is a crime under the SDWA Amendments*

**THREAT NOTIFICATION**

- **Name of person receiving the call:**
- **Date phone call received:**
- **Time phone call received:**
- **Time phone call ended:**
- **Duration of phone call:**
- **Originating number:**
- **Originating name:**

  *If the number/name is not displayed on the caller ID, press *57 (or call trace) at the end of the call and inform law enforcement that the phone company may have trace information.*

- **Is the connection clear?**
  - ☐ Yes
  - ☐ No
- **Could call be from a wireless phone?**
  - ☐ Yes
  - ☐ No

**DETAILS OF THREAT**

- **Has the water already been contaminated?**
  - ☐ Yes
  - ☐ No
- **Date and time of contaminant introduction known?**
  - ☐ Yes
  - ☐ No

  *Date and time if known:*

- **Location of contaminant introduction known?**
  - ☐ Yes
  - ☐ No

  *Site Name:*

- **Type of facility**
  - ☐ Source water
  - ☐ Ground storage tank
  - ☐ Distribution main
  - ☐ Other

  - ☐ Treatment plant
  - ☐ Elevated storage tank
  - ☐ Hydrant
  - ☐ Service connection

  *Address:*

  *Additional Site Information:*

- **Name or type of contaminant known?**
  - ☐ Yes
  - ☐ No

  *Type of contaminant*

  - ☐ Chemical
  - ☐ Biological
  - ☐ Radiological

  *Specific contaminant name/description:*

- **Mode of contaminant introduction known?**
  - ☐ Yes
  - ☐ No

  *Method of addition:*

  - ☐ Single dose
  - ☐ Over time
  - ☐ Other

  *Amount of material:*

  *Additional Information:*

- **Motive for contamination known?**
  - ☐ Yes
  - ☐ No

  - ☐ Retaliation/revenge
  - ☐ Political cause
  - ☐ Religious doctrine

  *Describe motivation:*

**CALLER INFORMATION**

- **Basic Information:**
  - Stated name:
Affiliation: ____________________________________________________________
Phone number: _________________________________________________________
Location/address: ______________________________________________________ 

**Caller’s Voice:**

Did the voice sound disguised or altered?  □ Yes  □ No 
Did the call sound like a recording?  □ Yes  □ No 
Did the voice sound?  □ Male  □ Female  □ Young  □ Old 
Did the voice sound familiar?  □ Yes  □ No 
If ‘Yes,’ who did it sound like? ____________________________________________ 
Did the caller have an accent?  □ Yes  □ No 
If ‘Yes,’ what nationality? ________________________________________________ 

How did the caller sound or speak? 
- □ Educated  □ Well spoken  □ Illiterate  
- □ Irrational  □ Obscene  □ Incoherent  
- □ Reading a script  □ Other ____________________________________________ 

What was the caller’s tone of voice? 
- □ Calm  □ Angry  □ Lisping  □ Stuttering/broken  
- □ Excited  □ Nervous  □ Sincere  □ Insincere  
- □ Slow  □ Rapid  □ Normal  □ Slurred  
- □ Soft  □ Loud  □ Nasal  □ Clearing throat  
- □ Laughing  □ Crying  □ Clear  □ Deep breathing  
- □ Deep  □ High  □ Raspy  □ Cracking  
- □ Other ____________________________________________________________ 

Were there background noises coming from the caller’s end? 
- □ Silence  
- □ Voices describe ________________________________________________ 
- □ Children describe ________________________________________________ 
- □ Animals describe ________________________________________________ 
- □ Factory sounds describe ____________________________________________ 
- □ Office sounds describe ____________________________________________ 
- □ Music describe ____________________________________________________ 
- □ Traffic/street sounds describe ________________________________________ 
- □ Airplanes describe __________________________________________________ 
- □ Trains describe ____________________________________________________ 
- □ Ships or large boats describe _________________________________________ 
- □ Other: ____________________________________________________________ 

**SIGNOFF**

Name of call recipient: 
Print name ____________________________ Date/Time: __________
Signature ______________________________

Name of person completing form (if different from call recipient): 
Print name ____________________________ Date/Time: __________
Signature ______________________________

Source: EPA Response Protocol Toolbox Module 2, Section 8.5 – Interim Final December 2003
Appendix F – Incident Reports and Forms

Public Health Information Report Form Instructions

The purpose of this form is to summarize significant information about a public health episode that could be linked to contaminated water. This form should be completed by the WUERM or an individual designated by incident command. The information compiled in this form is intended to support the threat evaluation process. In the case of a threat warning due to a report from public health, it is likely that the public health agency will assume incident command during the investigation. The drinking water utility will likely play a support role during the investigation, specifically to help determine whether or not water might be the cause.

PUBLIC HEALTH NOTIFICATION

Date and Time of notification: ________________________________

Name of person who received the notification: ________________________________

Contact information for individual providing the notification

Full Name: ________________________________
Title: ________________________________
Organization: ________________________________
Address: ________________________________
Day-time phone: ________________________________
Evening phone: ________________________________
Fax Number: ________________________________
E-mail address: ________________________________

Why is this person contacting the drinking water utility? ________________________________

Has the state or local public health agency been notified? ☐ Yes ☐ No

If "No," the appropriate public health official should be immediately notified.

DESCRIPTION OF PUBLIC HEALTH EPISODE

Nature of public health episode:

☐ Unusual disease (mild) ☐ Unusual disease (severe) ☐ Death
☐ Other: ________________________________

Symptoms:

☐ Diarrhea ☐ Vomiting/nausea ☐ Flu-like symptoms
☐ Fever ☐ Headache ☐ Breathing difficulty
☐ Other: ________________________________

Describe symptoms: ________________________________

Causative Agent: ☐ Known ☐ Suspected ☐ Unknown

If known or suspected, provide additional detail below

☐ Chemical ☐ Biological ☐ Radiological

Describe ________________________________

Estimate of time between exposure and onset of symptoms: ________________________________
Appendix F – Incident Reports and Forms

Exposed Individuals:

Location where exposure is thought to have occurred
☐ Residence ☐ Work ☐ School
☐ Restaurant ☐ Shopping mall ☐ Social gathering
☐ Other: ____________________________________________________________

Additional notes on location of exposure: ______________________________

Collect addresses for specific locations where exposure is thought to have occurred.

Is the pattern of exposure clustered in a specific area? ☐ Yes ☐ No

Extent of area
☐ Single building ☐ Complex (several buildings) ☐ City block
☐ Neighborhood ☐ Cluster of neighborhoods ☐ Large section of city
☐ Other: ____________________________________________________________

Additional notes on extent of area: ____________________________________

Do the exposed individuals represent a disproportionate number of:
☐ Immune compromised ☐ Elderly ☐ Children
☐ Infants ☐ Pregnant women ☐ Women
☐ Other: ____________________________________________________________
☐ None, no specific groups dominate the makeup of exposed individuals

EVALUATION OF LINK TO WATER

Are the symptoms consistent with typical waterborne diseases, such as gastrointestinal disease, vomiting, or diarrhea? ☐ Yes ☐ No

Does the area of exposure coincide with a specific area of the system, such as a pressure zone or area feed by a specific plant? ☐ Yes ☐ No

Were there any consumer complaints within the affected area? ☐ Yes ☐ No

Were there any unusual water quality data within the affected area? ☐ Yes ☐ No

Were there any process upsets or operational changes? ☐ Yes ☐ No

Was there any construction/maintenance within the affected area? ☐ Yes ☐ No

Were there any security incidents within the affected area? ☐ Yes ☐ No

SIGNOFF

Name of person completing form:
Print name ___________________________ Date/Time: _______
Signature _____________________________

Source: EPA Response Protocol Toolbox Module 2, Section 8.8 – Interim Final December 2003
Security Incident Report Form

INSTRUCTIONS
The purpose of this form is to help organize information about a security incident, typically a security breach, which may be related to a water contamination threat. The individual who discovered the security incident, such as a security supervisor, the WUERM, or another designated individual may complete this form. This form is intended to summarize information about a security breach that may be relevant to the threat evaluation process. This form should be completed for each location where a security incident was discovered.

DISCOVERY OF SECURITY INCIDENT
Date/Time security incident discovered: __________________________
Name of person who discovered security incident: ______________________
Mode of discovery:
☐ Alarm (building) ☐ Alarm (gate/fence) ☐ Alarm (access hatch)
☐ Video surveillance ☐ Utility staff discovery ☐ Citizen discovery
☐ Suspect confession ☐ Law enforcement discovery
☐ Other __________________________

Did anyone observe the security incident as it occurred? ☐ Yes ☐ No
If “Yes”, complete the ‘Witness Account Report Form’

SITE DESCRIPTION
Site Name: __________________________
Type of facility
☐ Source water ☐ Treatment plant ☐ Pump station
☐ Ground storage tank ☐ Elevated storage tank ☐ Finished water reservoir
☐ Distribution main ☐ Hydrant ☐ Service connection
☐ Other __________________________
Address: __________________________
Additional Site Information: __________________________

BACKGROUND INFORMATION
Have the following “normal activities” been investigated as potential causes of the security incident?
☐ Alarms with known and harmless causes ☐ Utility staff inspections
☐ Routine water quality sampling ☐ Construction or maintenance
☐ Contractor activity ☐ Other __________________________
Was this site recently visited prior to the security incident? ☐ Yes ☐ No
If “Yes,” provide additional detail below
Date and time of previous visit: __________________________
Name of individual who visited the site: __________________________
Additional Information: __________________________

Has this location been the site of previous security incidents? ☐ Yes ☐ No
If “Yes,” provide additional detail below
Date and time of most recent security incident: __________________________
Description of incident: __________________________

What were the results of the threat evaluation for this incident?
☐ ‘Possible’ ☐ ‘Credible’ ☐ ‘Confirmed’

Have security incidents occurred at other locations recently? ☐ Yes ☐ No
If “Yes”, complete additional ‘Security Incident Reports’ (Appendix 8.3) for each site
Name of 1st additional site: __________________________
Name of 2nd additional site: __________________________
Name of 3rd additional site: __________________________
Appendix F – Incident Reports and Forms

SECURITY INCIDENT DETAILS

Was there an alarm(s) associated with the security incident? □ Yes □ No
If “Yes,” provide additional detail below
Are there sequential alarms (e.g., alarm on a gate and a hatch)? □ Yes □ No
Date and time of alarm(s): ________________________________
Describe alarm(s): ________________________________________

Is video surveillance available from the site of the security incident? □ Yes □ No
If “Yes,” provide additional detail below
Date and time of video surveillance: _________________________
Describe surveillance: ______________________________________

Unusual equipment found at the site and time of discovery of the security incident:
□ Discarded PPE (e.g., gloves, masks) □ Empty containers (e.g., bottles, drums)
□ Tools (e.g., wrenches, bolt cutters) □ Hardware (e.g., valves, pipe)
□ Lab equipment (e.g., beakers, tubing) □ Pumps or hoses
□ None □ Other ________________________________
Describe equipment: ______________________________________

Unusual vehicles found at the site and time of discovery of the security incident:
□ Car/sedan □ SUV □ Pickup truck
□ Flatbed truck □ Construction vehicle □ None
□ Other ________________________________
Describe vehicles (including make/model/year/color, license plate #, and logos or markings): ______________________________________

Signs of tampering at the site and time of discovery of the security incident:
□ Cut locks/fences □ Open/damaged gates, doors, or windows
□ Open/damaged access hatches □ Missing/damaged equipment
□ Facility in disarray □ None
□ Other ________________________________
Are there signs of sequential intrusion (e.g., locks removed from a gate and hatch)? □ Yes □ No
Describe signs of tampering: ______________________________________

Signs of hazard at the site and time of discovery of the security incident:
□ Unexplained or unusual odors □ Unexplained dead animals
□ Unexplained dead or stressed vegetation □ Unexplained liquids
□ Unexplained clouds or vapors □ None
□ Other ________________________________
Describe signs of hazard: ______________________________________

SIGNOFF
Name of person responsible for documenting the security incident:
Print name ________________________________ Date/Time: ______
Signature ________________________________

Source: EPA Response Protocol Toolbox Module 2, Section 8.3 – Interim Final December 2003
## SUSPECT DESCRIPTION FORM

### GENERAL APPEARANCE

**Gender:**
- Male
- Female

**Race:**
- [ ] White
- [ ] Black
- [ ] Middle Eastern
- [ ] Hispanic
- [ ] Asian
- [ ] Native American
- Other ___________________________

**Hair:**
- Color
- Style
- Texture
- Sideburns

**Eyes:**
- Color
- Shape
- Glasses (type)

**Physical Characteristics:**
- Age
- Height
- Weight
- Build

**Distinguishing Marks (describe):**
- Scars
- Tattoos
- Gang Insignia
- Bag/Backpack
- Purse/Briefcase

**Other:**
- Left Handed / Right Handed

### CLOTHING

**Color/Type:**
- Layered Shirts/Blouse
- Cap/Hat
- Coat/Jacket
- Tie
- Pants
- Stockings
- Gloves
- Jewelry

### SUSPECT DEMEANOR

AWA ERP 04/13/2016 F-13
Appendix F – Incident Reports and Forms

- Apologetic
- Calm
- Belligerent
- Angry
- Threatening
- Nervous
- Confused

**FACIAL CHARACTERISTICS**

- **Skin:**
  - Color
  - Texture

- **Describe shape of:**
  - Mouth
  - Lips
  - Ears
  - Cheeks
    - (full or sunken)
  - Nose
  - Neck
  - Eyes
  - Eyebrows

- **Presence of:**
  - Adam's Apple
  - Chin clefts
  - Wrinkles

- **Hair:**
  - Mustache
  - Beard
  - Other

- **Describe any:**
  - Facial piercing
  - Ear piercing

**WEAPON (describe if any)**

- Handgun
- Long gun
- Knife

**VEHICLE**

- Color
- Make
- Model
- Body Style
- Damage / Rust
- Antenna
- Bumper Sticker
- Wheel Covers

**Direction of Escape**

**What did the suspect say?**

**License Number__________________________**
BOMB THREAT CHECKLIST

Be Calm and Courteous

Give a co-worker a signal to “listen in”

Date: ________________________ Time call started: ________________________

Time call ended: ________________________

Check call display for phone number (if available)

EXACT WORDING OF BOMB THREAT:

What can you tell me?

When is the bomb going to explode?

What kind of bomb is it?

Where is the bomb right now?

What does the bomb look like?

What will cause the bomb to explode?

Did you place the bomb?

Why?

What is your name?

REMARKS:

CALLER’S VOICE

☐ Male
☐ Female

☐ Old (Age?) ___
☐ Young (Age?) ___

☐ Calm
☐ Excited

☐ Soft
☐ Loud

☐ Angry
☐ Cracking Voice

☐ Laughter
☐ Crying

☐ Normal
☐ Disguised

☐ High pitched
☐ Deep

☐ Nasal
☐ Slurred
Appendix F – Incident Reports and Forms

☐ Distinct
☐ Ragged
☐ Rapid
☐ Slow
☐ Raspy
☐ Stutter
☐ Lisp
☐ Heavy Breather
☐ Clearing Throat
☐ Intoxicated
☐ Pleasant
☐ Whisper

☐ Familiar (who?) ______________________

☐ Accent (type?) ______________________

FAMILIARITY WITH FACILITY

☐ Much
☐ Some
☐ None

BACKGROUND SOUNDS

☐ Street
☐ Party Sounds
☐ Office Noises
☐ Train
☐ Voices
☐ Airplane
☐ PA System
☐ Animals
☐ Local Music
☐ Static on line
☐ Long Distance
☐ Motors
☐ Bells
☐ Whistles
☐ Factory Machinery
☐ Crockery

☐ Household sounds
☐ Bedlam

___ Chanting
___ Other
Appendix F – Incident Reports and Forms

Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury to many innocent people.

BOMB THREAT LANGUAGE

☐ Well Spoken
☐ Incoherent

☐ Foul
☐ Irrational

☐ Taped
☐ Deliberate

☐ Abusive
☐ Righteous

☐ Message read by threat maker
Threat Evaluation Worksheet

INSTRUCTIONS
The purpose of this worksheet is to help organize information about a contamination threat warning that would be used during the Threat Evaluation Process. The individual responsible for conducting the Threat Evaluation (e.g., the WUERM) should complete this worksheet. The worksheet is generic to accommodate information from different types of threat warnings; thus, there will likely be information that is unavailable or not immediately available. Other forms in the Appendices are provided to augment the information in this worksheet.

THREAT WARNING INFORMATION
Date/Time threat warning discovered: ____________________________
Name of person who discovered threat warning: ______________________
Type of threat warning:
☐ Security breach ☐ Witness account ☐ Phone threat
☐ Written threat ☐ Law enforcement ☐ Unusual water quality
☐ News media ☐ Consumer complaints ☐ Public health notification
☐ Other
Identity of the contaminant: ☐ Known ☐ Suspected ☐ Unknown
If known or suspected, provide additional detail below
☐ Chemical ☐ Biological ☐ Radiological
Describe ____________________________

Time of contamination: ☐ Known ☐ Estimated ☐ Unknown
If known or estimated, provide additional detail below
Date and time of contamination: ____________________________
Additional Information: ______________________________________

Mode of contamination: ☐ Known ☐ Suspected ☐ Unknown
If known or suspected, provide additional detail below
Method of addition: ☐ Single dose ☐ Over time ☐ Other _________
Amount of material: ____________________________
Additional Information: ______________________________________

Site of contamination: ☐ Known ☐ Suspected ☐ Unknown
If known or suspected, provide additional detail below
Number of sites: ______________________________________
Provide the following information for each site.

Site #1
Site Name: ______________________________________
Type of facility
☐ Source water ☐ Treatment plant ☐ Pump station
☐ Ground storage tank ☐ Elevated storage tank ☐ Finished water reservoir
☐ Distribution main ☐ Hydrant ☐ Service connection
☐ Other
Address: ______________________________________
Additional Site Information: ______________________________________

Site #2
Site Name: ______________________________________
Type of facility
☐ Source water ☐ Treatment plant ☐ Pump station
☐ Ground storage tank ☐ Elevated storage tank ☐ Finished water reservoir
☐ Distribution main ☐ Hydrant ☐ Service connection
☐ Other
Address: ______________________________________
Appendix F – Incident Reports and Forms

Additional Site Information: _________________________________________________________

<table>
<thead>
<tr>
<th>Site #3</th>
<th>Site Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of facility ___________________</td>
<td></td>
</tr>
<tr>
<td>☐ Source water                      ☐ Treatment plant                  ☐ Pump station</td>
<td></td>
</tr>
<tr>
<td>☐ Ground storage tank               ☐ Elevated storage tank            ☐ Finished water reservoir</td>
<td></td>
</tr>
<tr>
<td>☐ Distribution main                 ☐ Hydrant                         ☐ Service connection</td>
<td></td>
</tr>
<tr>
<td>☐ Other                             ________________________</td>
<td></td>
</tr>
</tbody>
</table>

Address: ________________________________________________________________

Additional Site Information: ________________________________________________________

---

ADDITIONAL INFORMATION

Has there been a breach of security at the suspected site? ☐ Yes ☐ No
If “Yes”, review the completed ‘Security Incident Report’

Are there any witness accounts of the suspected incident? ☐ Yes ☐ No
If “Yes”, review the completed ‘Witness Account Report’

Was the threat made verbally over the phone? ☐ Yes ☐ No
If “Yes”, review the completed ‘Phone Threat Report’

Was a written threat received? ☐ Yes ☐ No
If “Yes”, review the completed ‘Written Threat Report’

Are there unusual water quality data or consumer complaints? ☐ Yes ☐ No
If “Yes”, review the completed ‘Water Quality/Consumer Complaint Report’

Are there unusual symptoms or disease in the population? ☐ Yes ☐ No
If “Yes”, review the completed ‘Public Health Report’

Is a ‘Site Characterization Report’ available? ☐ Yes ☐ No
If “Yes”, review the completed ‘Site Characterization Report’

Are results of sample analysis available? ☐ Yes ☐ No
If “Yes”, review the analytical results report, including appropriate QA/QC data

Is a ‘Contaminant Identification Report’ available? ☐ Yes ☐ No
If “Yes”, review the completed ‘Sample Analysis Report’

Is there relevant information available from external sources? ☐ Yes ☐ No
Check all that apply
☐ Local law enforcement ☐ FBI ☐ DW primacy agency
☐ Public health agency ☐ Hospitals / 911 call centers ☐ US EPA / Water ISAC
☐ Media reports ☐ Homeland security alerts ☐ Neighboring utilities
☐ Other ________________________

Point of Contact: ________________________________________________________________

Summary of key information from external sources (provide detail in attachments as necessary):
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

---

THREAT EVALUATION

Has normal activity been investigated as the cause of the threat warning? ☐ Yes ☐ No
Normal activities to consider
☐ Utility staff inspections ☐ Routine water quality sampling
☐ Construction or maintenance ☐ Contractor activity
☐ Operational changes ☐ Water quality changes with a known cause
☐ Other ________________________

Is the threat ‘possible’? ☐ Yes ☐ No
Summarize the basis for this determination: ______________________________________
Appendix F – Incident Reports and Forms

Response to a ‘possible’ threat:
- None
- Site characterization
- Isolation/containment
- Increased monitoring/security
- Other

Is the threat ‘credible’?
- Yes
- No

Summarize the basis for this determination:

Response to a ‘credible’ threat:
- Sample analysis
- Site characterization
- Isolation/containment
- Partial EOC activation
- Public notification
- Provide alternate water supply
- Other

Has a contamination incident been confirmed?
- Yes
- No

Summarize the basis for this determination:

Response to a confirmed incident:
- Sample analysis
- Site characterization
- Isolation/containment
- Full EOC activation
- Public notification
- Provide alternate water supply
- Initiate remediation and recovery
- Other

How do other organizations characterize the threat?

<table>
<thead>
<tr>
<th>Organization</th>
<th>Evaluation</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Law Enforcement</td>
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<tr>
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<td>Confirmed</td>
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<tr>
<td>FBI</td>
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<td></td>
<td>Confirmed</td>
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<tr>
<td>Public Health Agency</td>
<td>Possible</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Confirmed</td>
<td></td>
</tr>
<tr>
<td>Drinking Water Primacy Agency</td>
<td>Possible</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credible</td>
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<tr>
<td>Other</td>
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<tr>
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</tbody>
</table>

SIGNOFF

Name of person responsible for threat evaluation:

Print name
Signature ______________________ Date/Time: ____

Source: EPA Response Protocol Toolbox Module 2, Section 8.2 – Interim Final December 2003
**Water Quality/Consumer Complaint Report Form**

**INSTRUCTIONS -** This form is provided to guide the individual responsible for evaluating unusual water quality data or consumer complaints. It is designed to prompt the analyst to consider various factors or information when evaluating the unusual data. The actual data used in this analysis should be compiled separately and appended to this form. The form can be used to support the threat evaluation due to a threat warning from unusual water quality or consumer complaints, or another type of threat warning in which water quality data or consumer complaints are used to support the evaluation. Note that in this form, water quality refers to both specific water quality parameters and the general aesthetic characteristics of the water that might result in consumer complaints.

- **Threat warning is based on:**  
  - ☐ Water quality  
  - ☐ Consumer complaints  
  - ☐ Other

- **What is the water quality parameter or complaint under consideration?**

- **Are unusual consumer complaints corroborated by unusual water quality data?**

- **Is the unusual water quality indicative of a particular contaminant of concern?** For example, is the color, order, or taste associated with a particular contaminant?

- **Are consumers in the affected area experiencing any unusual health symptoms?**

- **What is ‘typical’ for consumer complaints for the current season and water quality?**
  - Number of complaints.
  - Nature of complaints.
  - Clustering of complaints

- **What is considered to be ‘normal’ water quality (i.e., what is the baseline water quality data or level of consumer complaints)?**

- **What is reliability of the method or instrumentation used for the water quality analysis?**
  - Are standards and reagents OK?
  - Is the method/instrument functioning properly?

- **Based on recent data, does the unusual water quality appear to be part of a gradual trend (i.e., occurring over several days or longer)?**

- **Are the unusual water quality observations sporadic over a wide area, or are they clustered in a particular area?**

- **If the unusual condition isolated to a specific area:**
  - Is this area being supplied by a particular plant or source water?
  - Have there been any operational changes at the plant or in the affected area of the system?
  - Has there been any flushing or distribution system maintenance in the affected area?
  - Has there been any repair or construction in the area that could impact water quality?

---

**SIGNOFF**

Name of person completing form:

Print name __________________________ Date/Time: _________

Signature __________________________

---

**Source:** EPA Response Protocol Toolbox Module 2, Section 8.7 – Interim Final December 2003
Appendix F – Incident Reports and Forms

Witness Account Report Form

INSTRUCTIONS
The purpose of this form is to document the observations of a witness to activities that might be considered an incident warning. The individual interviewing the witness, or potentially the witness, should complete this form. This may be the WUERM or an individual designated by incident command to perform the interview. If law enforcement is conducting the interview (which may often be the case), then this form may serve as a prompt for “utility relevant information” that should be pursued during the interview. This form is intended to consolidate the details of the witness account that may be relevant to the threat evaluation process. This form should be completed for each witness that is interviewed.

BASIC INFORMATION
Date/Time of interview: __________________________
Name of person interviewing the witness: __________________________
Witness contact information
Full Name: __________________________
Address: __________________________
Day-time phone: __________________________
Evening phone: __________________________
E-mail address: __________________________
Reason the witness was in the vicinity of the suspicious activity: __________________________

WITNESS ACCOUNT
Date/Time of activity: __________________________
Location of activity: __________________________
Site Name: __________________________
Type of facility
☐ Source water   ☐ Treatment plant   ☐ Pump station
☐ Ground storage tank ☐ Elevated storage tank ☐ Finished water reservoir
☐ Distribution main ☐ Hydrant ☐ Service connection
☐ Other
Address: __________________________
Additional Site Information: __________________________

Type of activity
☐ Trespassing   ☐ Vandalism   ☐ Breaking and entering
☐ Theft   ☐ Tampering   ☐ Surveillance
☐ Other
Additional description of the activity __________________________

Description of suspects
Were suspects present at the site? ☐ Yes ☐ No
How many suspects were present? __________________________
Describe each suspect’s appearance:

<table>
<thead>
<tr>
<th>Suspect #</th>
<th>Sex</th>
<th>Race</th>
<th>Hair color</th>
<th>Clothing</th>
<th>Voice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td>6</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Where any of the suspects wearing uniforms? ☐ Yes ☐ No
Appendix F – Incident Reports and Forms

If “Yes,” describe the uniform(s):

Describe any other unusual characteristics of the suspects:

Did any of the suspects notice the witness?  ☐ Yes  ☐ No
If “Yes,” how did they respond:

Vehicles at the site

Were vehicles present at the site?  ☐ Yes  ☐ No
Did the vehicles appear to belong to the suspects?  ☐ Yes  ☐ No
How many vehicles were present:

Describe each vehicle:

<table>
<thead>
<tr>
<th>Vehicle #</th>
<th>Type</th>
<th>Color</th>
<th>Make</th>
<th>Model</th>
<th>License plate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
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<tr>
<td>4</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Where there any logos or distinguishing markings on the vehicles?  ☐ Yes  ☐ No
If “Yes,” describe:

Provide any additional detail about the vehicles and how they were used (if at all):

Equipment at the site

Was any unusual equipment present at the site?  ☐ Yes  ☐ No
☐ Explosive or incendiary devices  ☐ Firearms
☐ PPE (e.g., gloves, masks)  ☐ Containers (e.g., bottles, drums)
☐ Tools (e.g., wrenches, bolt cutters)  ☐ Hardware (e.g., valves, pipe, hoses)
☐ Lab equipment (e.g., beakers, tubing)  ☐ Pumps and related equipment
☐ Other

Describe the equipment and how it was being used by the suspects (if at all):

Unusual conditions at the site

Were there any unusual conditions at the site?  ☐ Yes  ☐ No
☐ Explosions or fires  ☐ Fogs or vapors  ☐ Unusual odors
☐ Dead/stressed vegetation  ☐ Dead animals  ☐ Unusual noises
☐ Other

Describe the site conditions:

Additional observations

Describe any additional details from the witness account:

SIGNOFF

Name of interviewer:
Print name
Signature  Date/Time:

Name of witness:
Print name
Signature  Date/Time:
Appendix F – Incident Reports and Forms

Source: EPA Response Protocol Toolbox Module 2, Section 8.4 – Interim Final December 2003
## Damage Assessment Form

<table>
<thead>
<tr>
<th>INITIAL DAMAGE ASSESSMENT</th>
<th>DATE</th>
<th>PAGE OF</th>
</tr>
</thead>
<tbody>
<tr>
<td>SITE ID</td>
<td>LOCATION <em>(Use map location, address, etc.)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DESCRIPTION OF DAMAGE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IMPACT</td>
<td>COST ESTIMATE</td>
</tr>
<tr>
<td>SITE ID</td>
<td>LOCATION <em>(Use map location, address, etc.)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DESCRIPTION OF DAMAGE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IMPACT</td>
<td>COST ESTIMATE</td>
</tr>
<tr>
<td>SITE ID</td>
<td>LOCATION <em>(Use map location, address, etc.)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DESCRIPTION OF DAMAGE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IMPACT</td>
<td>COST ESTIMATE</td>
</tr>
<tr>
<td>NAME OF INSPECTOR</td>
<td>DEPARTMENT</td>
<td>PHONE</td>
</tr>
</tbody>
</table>
CERTIFICATION OF COMPLETION

OF AN EMERGENCY RESPONSE PLAN
Public Water System ID number: __________
System Name: __________
City where system is located: __________
State: California
Printed Name of Person Authorized to Sign this Certification on Behalf of the System:
Damon Wyckoff
Title: Operations Manager
Address: 12800 Ridge Road
City: Sutter Creek
State and ZIP Code: 95685
Phone: 209-223-3018 Fax: 209-257-5267 Email: dwyckoff@amadorwater.org

I certify to the Administrator of the U.S. Environmental Protection Agency that this community water system has completed an Emergency Response Plan that complies with Section 1433(b) of the Safe Drinking Water Act as amended by the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188, Title IV — Drinking Water Security and Safety).
I further certify that this document was prepared under my direction or supervision. I am aware that there are significant penalties for submitting false information (Safe Drinking Water Act (42 U.S.C.300f et seq.)).

The emergency response plan that this community water system completed incorporates the results of the vulnerability assessment completed for the system and includes “plans, procedures, and identification of equipment that can be implemented or utilized in the event of a terrorist or other intentional attack ” on this community water system. The emergency response plan also includes “actions, procedures, and identification of equipment which can obviate or significantly lessen the impact of terrorist attacks or other intentional actions on the public health and the safety and supply of drinking water provided to communities and individuals.”

This CWS has coordinated, to the extent possible, with existing Local Emergency Planning Committees established under the Emergency Planning and Community Right-to-Know Act (42 U.S.C.11001 et seq) when preparing this emergency response plan.

Signed: Damon Wyckoff Date: 03/15/16
Primary: Damon Wyckoff
Address (if different than that of the Authorized Representative):

Phone: 209-257-5284
Email Address: dwyckoff@amadorwater.org
Alternate Contact Person:
Name: Gene Mancebo, General Manager
Address (if different than that of the Authorized Representative):

Source: EPA Small-Medium ERP Guidance 2004