System Name: _____ *PWSID#:* _____

Contact Information

Revision? ☐ Actual date of changes described: _____

Signature: _____ Date: _____

System Physical Address (Not Mailing): _____

City: _____ County: _____ State: ____ Zip: _____

System Phone: _____ Ext: _____ Fax: _____

System E-mail: _____

Administrative Contact (AC) Name: _____

(The administrative contact is the primary contact person for all Department mail or other communications regarding drinking water compliance)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

E-mail: _____

Legally Responsible Water System Owner Name: _____

(The legal owner is an individual, corporation, partnership, association, state or political subdivision thereof, municipality, or other legal entity)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

E-mail: _____

Emergency Contact Name: _____

(The emergency contact should be someone the Department can contact in an emergency if the administrative contact is unavailable)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

E-mail: _____

Distribution System (DS) Operator Name: _____

(A certified operator designated by the owner to have ultimate responsibility for decisions regarding operational activities)

Operator ID#: _____ (not the certificate number)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

E-mail: _____

DS Operator Signature: _____

Treatment Operator Name: Same as DS? ☐ _____

(A certified operator designated by the owner to have ultimate responsibility for decisions regarding operational activities)

Operator ID#: _____ (not the certificate number)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ext: _____ Fax: _____

E-mail: _____

Treatment Operator Signature: _____