

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:* \_\_\_\_\_