



**BUREAU OF SAFE DRINKING WATER
PUBLIC WATER SYSTEM NAME / ADDRESS UPDATE FORM**

PWS NAME: *				PWS ID: *	
PHYSICAL ADDRESS: *					
MAILING ADDRESS: *					
CITY: *		STATE: *		ZIP: *	
PWS NAME CHANGE TO:					

PRIMARY CONTACT (All correspondence will be directed to this individual):

NAME:				TELEPHONE:	
MAILING ADDRESS:				EMERGENCY PHONE:	
CITY:		STATE:		CELL PHONE:	
E-MAIL:					

OWNER CONTACT:

MAILING ADDRESS:				TELEPHONE:	
CITY:		STATE:		EMERGENCY PHONE:	
E-MAIL:					

IF OWNER IS A COMPANY, REPRESENTATIVE MUST BE AN INDIVIDUAL

OWNER REPRESENTATIVE:

MAILING ADDRESS:				TELEPHONE:	
CITY:		STATE:		EMERGENCY PHONE:	
E-MAIL:					

OPERATOR IN RESPONSIBLE CHARGE (Monitoring and Violation info will also be directed to this individual):

NAME:		OP ID #:		CERTIFICATION LEVEL:	
NV CERTIFIED OPERATOR: ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	SAME AS PRIMARY CONTACT:	<input type="checkbox"/>	
MAILING ADDRESS:				TELEPHONE:	
CITY:		STATE:		EMERGENCY PHONE: E-	
MAIL:				CELL PHONE:	

SECONDARY – EMERGENCY CONTACT:

MAILING ADDRESS:				TELEPHONE:	
CITY:		STATE:		EMERGENCY PHONE:	
E-MAIL:				CELL PHONE:	

NOTE: FOR ADDITIONAL OPERATORS INCLUDE SEPARATE SHEET

PERMIT FEE CONTACT:

MAILING ADDRESS:				SAME AS PRIMARY CONTACT:	<input type="checkbox"/>
CITY:		STATE:		TELEPHONE:	
MAIL:				EMERGENCY PHONE: E-	
				CELL PHONE:	

Please return this form to: Nevada Division of Environmental Protection
Bureau of Safe Drinking Water
901 S Stewart Street, Suite 4001
Carson City, NV 89701

Fax #: 775-687-5699
Email: E-Data_BSDW@ndep.nv.gov
Telephone: 775-687-9521

*REQUIRED FIELD