



**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:							

**SECONDARY – EMERGENCY CONTACT:**

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

**NOTE: FOR ADDITIONAL OPERATORS INCLUDE SEPARATE SHEET**

**PERMIT FEE CONTACT:**

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

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](mailto:E-Data_BSDW@ndep.nv.gov)  
Telephone: 775-687-9521

**\*REQUIRED FIELD**