



**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:				CELL PHONE:	

**IF OWNER IS A COMPANY, REPRESENTATIVE MUST BE AN INDIVIDUAL**

**OWNER REPRESENTATIVE:**

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

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

\*REQUIRED FIELD