Public Water System Contact Form

This form should be completed by an authorized representative of the Public Water System (PWS).

**Contact Type Definitions:**

**Administrative Contact (AC):** The person responsible for ensuring the PWS maintains compliance with SDWA requirements and will receive all BSDW mass mailings, enforcement letters, and correspondence relating to the PWS. Each water system must have one and only one Administrative Contact. \*See “Carbon Copy Contact” for additional ACs.

**Designated Operator in Charge (DO):** The primary operator responsible for the PWS – must be a NV certified operator with the appropriate type and grade of certification. \*Not required for Groundwater Transient systems.

**Owner Contact (OW):** The person or institution named on the water system permit. The owner or entity legally responsible for the PWS.

**Legal Contact (LC):** The person who will receive legal documentation.

**Emergency Contact (EC):** The person who assists with emergency activities and correspondence with NDEP.

**Financial Contact (FC):** The person who receives invoices for the PWS. Each water system must have one and only one Financial Contact.

**Other Contact Types (optional):**

**Operator (OP):** Operator of the water system that has some level of certification but is not the designated operator of the system.

**Sampler Contact (SA):** If non-certified person is responsible for sampling.

**Carbon Copy Contact (CC):** Person(s) who will receive copies of correspondence sent to the Administrative Contact.

Please return this form by email, fax, or mail 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

**PUBLIC WATER SYSTEM CONTACT FORM**

Person completing this form: Date:

PWS Name: PWS ID: Physical Address: City: State: Zip:

**Administrative Contact** ☐ No Change

Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**Designated Operator in Charge (Distribution)** ☐ No Change

Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

Operator ID: Certification Level: \*For additional operators - include separate sheet

**Designated Operator in Charge (Treatment)** ☐ No Change ☐ Same as Distribution Operator above

Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

Operator ID: Certification Level: \*For additional operators - include separate sheet

**Owner Contact** ☐ No Change

Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**Legal Contact** ☐ No Change

Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**Emergency Contact** ☐ No Change

Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**Financial Contact** ☐ No Change

Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**FOR OFFICE USE ONLY**

Received by: Date: Reviewed by PWS Facility Manager: Date:

(DO NOT PRINT THIS PAGE IF N/A)

**Other** ☐ N/A

Reason (Additional operator, sampler, second mailing contact):

Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**Other** ☐ N/A

Reason (Additional operator, sampler, second mailing contact): Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**Other** ☐ N/A

Reason (Additional operator, sampler, second mailing contact): Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**Other** ☐ N/A

Reason (Additional operator, sampler, second mailing contact): Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**Other** ☐ N/A

Reason (Additional operator, sampler, second mailing contact): Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**Other** ☐ N/A

Reason (Additional operator, sampler, second mailing contact): Name: Business Phone: Mailing Address: Emergency Phone: City: State: Zip: Email:

**FOR OFFICE USE ONLY**

Received by: Date: Reviewed by PWS Facility Manager: Date: