



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: _____

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

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: _____