



DHHS Drinking Water Program  
 PO Box 98922, Lincoln NE 68509-8922  
 Phone: (402) 471-0521 / FAX: (402) 471-6436  
[DHHS.drinkingwater@nebraska.gov](mailto:DHHS.drinkingwater@nebraska.gov)  
 24-Hour Emergency Contact #: (402) 499-6922

**CRITICAL INFORMATION AND  
 EMERGENCY PHONE CONTACT LIST  
 FOR PUBLIC WATER SYSTEMS**

**To be updated annually and a copy submitted to DHHS. System retains original for their records. Please complete all items.  
 Please check the box next to each row where changes have been made.**

<input type="checkbox"/>	Name of System:	County:	PWS ID#: NE31
<input type="checkbox"/>	<b>Owner, Mayor, Board Chairperson:</b> (Name of the owner of this system, if it is not a city/town/village, otherwise name of Mayor, Board Chair, etc.)		Daytime Phone:
<input type="checkbox"/>	<b>Administrative Contact (Manager, City Admin., etc.):</b> (Person responsible for managing this system, if different from above) <b>Check here if same as above</b> <input type="checkbox"/>		Daytime Phone:
<input type="checkbox"/>	<b>System Mailing Address:</b> (Where general correspondence will be mailed from the Department to this system)		Fax:
<input type="checkbox"/>	<b>Physical/Street Address:</b> Check here if same as System Mailing Address above <input type="checkbox"/>	<b>System E-mail Address:</b>	
<input type="checkbox"/>	<b>Primary Sampler Name:</b> (Name of person who is primarily responsible for receiving sample kits and mailing samples to the lab)		Daytime Phone:
<input type="checkbox"/>	<b>Sample Kit Mailing Address:</b> (Address to which all water sample kits will be mailed for this system) <b>Check here if same as System Mailing Address above</b> <input type="checkbox"/>		
<input type="checkbox"/>	<b>Sample Results Mailing Address:</b> (Address to which all sample results will be mailed) <b>Check here if same as Sample Kit Mailing Address above</b> <input type="checkbox"/>		
<input type="checkbox"/>	# Residential Connections:	# Non-residential Connections:	# People Served:
<input type="checkbox"/>	<b>Financial Contact (Bill payer):</b> (Name of the person responsible for paying the bills for this system)		Daytime Phone:
<input type="checkbox"/>	<b>Financial Contact Mailing Address:</b> (Address to which all laboratory invoices will be mailed) <b>Check here if same as System Mailing Address above</b> <input type="checkbox"/>		
<input type="checkbox"/>	<b>Designated Operator in Charge:</b>		Daytime Phone:
<input type="checkbox"/>	<b>Designated Operator (DO) Work Mailing Address:</b> (Address to which mail directed to the DO will be mailed) <b>Check here if same as System Mailing Address above</b> <input type="checkbox"/>		
<input type="checkbox"/>	<b>Designated Operator in Charge E-mail Address:</b> Check here if same as System E-mail Address above <input type="checkbox"/>		
<input type="checkbox"/>	<b>24-Hour Emergency Phone Number for the System:</b>		
<input type="checkbox"/>	<b>Legal Contact (Attorney):</b>		Daytime Phone:
<input type="checkbox"/>	Secretary or City/Village Clerk:		Daytime Phone:
<input type="checkbox"/>	Maintenance Person or Public Works Director:		Daytime Phone:
<input type="checkbox"/>	Engineer:		Daytime Phone:
<input type="checkbox"/>	Police Chief:		Daytime Phone:
<input type="checkbox"/>	Fire Chief:		Daytime Phone:
<input type="checkbox"/>	Local Health Department or Official:		Daytime Phone:

<input type="checkbox"/>	Local Civil Defense or Emergency Response Official:	Daytime Phone:		
<input type="checkbox"/>	Name of Red Cross Chapter:	Daytime Phone:		
<input type="checkbox"/>	Electric Utility:	Daytime Phone:		
<input type="checkbox"/>	Gas Utility:	Daytime Phone:		
<input type="checkbox"/>	Well Maintenance Company:	Daytime Phone:		
<input type="checkbox"/>	Is Water Purchased From Another System: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name of System:			
<input type="checkbox"/>	Supplier Daytime Phone:	Fax: Alternate:		
<input type="checkbox"/>	Is Water Sold to Another System: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name of System:			
<input type="checkbox"/>	County Sheriff:	Daytime Phone:		
DHHS Field Representative:		Phone: Cell:		
DHHS (Lincoln):	Field Services Manager	Phone: (402) 471-0521	<b>DHHS Emergency Phone: (402) 499-6922</b>	
	Monitoring and Compliance Manager	Phone: (402) 471-0930		
	Drinking Water Program Administrator	Phone: (402) 471-0510		
<b>EMERGENCY CONTACTS</b>				
Nebraska Rural Water Association - Wahoo, NE		Phone: (800) 842-8039		
League of Nebraska Municipalities, Utilities Section – Lincoln, NE		Phone: (402) 476-2829		
Midwest Assistance Program		Phone: (402) 389-0900		
<b>Water System Licensed Operators Names, Grade of License, Expiration/Issue Date and Daytime Phone Number</b>				
	<b>Operator Name</b>	<b>License Grade</b>	<b>Expiration Date (Issue Date for Grade 5 License)</b>	<b>Daytime Phone</b>
<input type="checkbox"/>				
Submitted by:		Title:	Date:	