

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

To be updated annually by March 31<sup>st</sup> and a copy submitted to NDEE. System retains original for their records.

<b>Name of System:</b>		<b>County:</b>	<b>PWS ID#: NE31</b>
<b>Physical/Street Address:</b>			
<b>Address to which primary mail will be directed:</b>		Check here if same as above <input type="checkbox"/>	
<b>System Email Address:</b>			
<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.)			<b>Daytime Phone:</b>
<b>Work Mailing Address:</b> (Address to which all Owner mail will be directed)		Check here if same as above <input type="checkbox"/>	
<b>Owner Email Address:</b>			
<b>Administrative Contact (AC) (Manager, City Admin., etc.):</b> (Person responsible for managing this system, if different from above)			<b>Daytime Phone:</b>
<b>Work Mailing Address:</b> (Address to which all AC mail will be directed)		Check here if same as above <input type="checkbox"/>	
<b>Administrative Contact Email Address:</b>			<b>Mobile Phone:</b>
<b>Designated Operator (DO) in Charge:</b>			<b>Daytime Phone:</b>
<b>Designated Operator in Charge Work Mailing Address:</b> (Address to which mail directed to DO will be directed)		Check here if same as system address <input type="checkbox"/>	
<b>Designated Operator in Charge Email Address:</b>		Check here if same as system email address <input type="checkbox"/>	
<b>Financial Contact (FC) (Bill payer):</b> (Name of the person responsible for paying the bills)			<b>Daytime Phone:</b>
<b>Financial Contact Mailing Address:</b> (Address to which all laboratory invoices will be mailed)		Check here if same as system address above <input type="checkbox"/>	
<b>Financial Contact Email Address:</b>			
<b>Primary Sampler (SA):</b> (Name of person who is primarily responsible for receiving sample kits and mailing samples to the lab)			<b>Daytime Phone:</b>
<b>Sample Kit Mailing Address:</b> (Address to which all water sample kits will be mailed)			<b>Mobile Phone:</b>
<b>Person who will receive Sample Results:</b>			
<b>Sample Results Mailing Address:</b>		Check here if same as system address above <input type="checkbox"/>	
<b>Legal Contact (Attorney):</b>			<b>Daytime Phone:</b>
<b>24-Hour Emergency Phone Number for the system:</b>			
<b># Residential Connections:</b>		<b># Non-residential Connections:</b>	<b># People Served:</b>

