



ENVIRONMENTAL CONSERVATION

FORM

Drinking Water and Groundwater Protection Division

WATER SYSTEM OFFICIALS CONTACT FORM

WATER SYSTEM OWNER

This section identifies the Owner of the water system. An Owner is the individual or entity that is legally and financially responsible for the water system. An Owner may be a municipality, fire district, homeowner's association or similar entity, or may be an individual.

ADMINISTRATIVE CONTACT (Owner's Authorized Representative)

This section identifies the person authorized by the Owner to act on the Owner's behalf in all matters regarding the water system and to represent the Owner as the individual to receive all communications regarding the water system. If there is no Administrative Contact designated, all correspondence will be directed to the system Owner.

OPERATOR TO RECEIVE CORRESPONDENCE

This section identifies the water system's certified Operator who will receive copies of selected correspondence and other communications sent to the Owner or Owner's representative. Note: Each system must designate one Operator to receive mailings. A certified Operator is an individual whom the Owner has placed in responsible charge of all quality, quantity, process control, and system integrity decisions involving public health, treatment, storage, distribution, and standards compliance. The Operator must hold a valid certification equal to or greater than the classification of the water system.

In the event of an emergency, the Division will contact the Operator designated to receive correspondence and the system's Owner or Administrative Contact.

ADDITIONAL OPERATOR

This section only applies to systems with more than one Operator. This section identifies certified Operators who have been placed in responsible charge by the system Owner but who will not receive correspondence directly from the Division. The Operator must hold a valid certification equal to or greater than the classification of the water system. If necessary, please list additional Operators and their contact information on a separate sheet and attach that information to this form. If you have questions regarding Operator status, please contact the Operator Certification Officer at (802) 585-4902.

System Name: _____

WSID #: _____

Located in Town / City: _____

WATER SYSTEM OWNER		NOTE: THIS ENTRY REPLACES ANY PREVIOUS DESIGNATIONS	
Owner Name:			
Address:			
Town / City:	State:	Zip:	
Daytime Phone:	Fax:		
Emergency Phone:	Email:		

ADMINISTRATIVE CONTACT		NOTE: THIS ENTRY REPLACES ANY PREVIOUS DESIGNATIONS	
Individual's Name:			
Address:			
Town / City:	State:	Zip:	
Daytime Phone:	Fax:		
Emergency Phone:	Email:		

OPERATOR TO RECEIVE CORRESPONDENCE		NOTE: THIS ENTRY REPLACES ANY PREVIOUS DESIGNATIONS	
Individual's Name:		Operator ID:	
Address:			
Town / City:	State:	Zip:	
Daytime Phone:	Fax:		
Emergency Phone:	Email:		

ADDITIONAL OPERATOR			
Individual's Name:		Operator ID:	
Address:			
Town / City:	State:	Zip:	
Daytime Phone:	Fax:		
Emergency Phone:	Email:		

OPERATORS NO LONGER EMPLOYED			

I hereby certify that the statements and representations made in this document are true and accurate to the best of my knowledge. I also certify that I am the water system Owner or have the lawful authority to sign on the Owner's behalf. I understand that "[a]ny person who knowingly makes a false statement, representation, or certification as to any material fact in any application, record, report, plan, testing result, or other document filed or required to be maintained... shall be fined not more than \$10,000.00 or be imprisoned for not more than six months or both." 10 VSA § 1681(c)

Printed Name: _____ Title: _____

Signature: _____ Date: _____

This form and related environmental information are available electronically at www.drinkingwater.vt.gov

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 Montpelier, VT 05620-3521
 Toll free 1-800-823-6500 Out of State 1-802-241-3400 Fax 1-802-828-1541