

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:	

2/25/2013

Individual's Name:  Address:  Town / City:  Daytime Phone:  Individual's Name:  Address:  OPERATOR TO RECEIVE CORRESPONDENCE  Individual's Name:  Address:  Town / City:  Daytime Phone:  Emergency Phone:  Emergency Phone:  Fax:  Emergency Phone:  Fax:  Emergency Phone:  Email:  ADDITIONAL OPERATOR  Individual's Name:  Deperator ID:  Address:  Emergency Phone:  Fax:  Email:  Departor ID:  Address:  Title:  Title:  Individual's Name:  Individual's Name	ADMINISTRATIVE CONTACT	Note: This	ENTRY REPLACES ANY PREVIOUS DESIGNATIONS
Town / City: State: Zip:  Daytime Phone: Fax:  Emergency Phone: Email:   OPERATOR TO RECEIVE CORRESPONDENCE NOTE: THIS ENTRY REPLACES ANY PREVIOUS DESIGNATION 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: Email:   ADDITIONAL OPERATOR   Operator ID:  Address:   Town / City: State: Zip:  Daytime Phone: Email:   OPERATORS Name: Operator ID:  Address:   Town / City: State: Zip:  Daytime Phone: Fax:  Emergency Phone: Email:   OPERATORS NO LONGER EMPLOYED   Email:   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 fates 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 \$10,000.00 or be impris	Individual's Name:		
Daytime Phone: Emergency Phone: Email:  OPERATOR TO RECEIVE CORRESPONDENCE Note: This Entry Replaces any Previous Designation Individual's Name: Operator ID: Address:  Town / City: State: Zip: Daytime Phone: Email:  ADDITIONAL OPERATOR Individual's Name: Operator ID: Address:  Town / City: State: Zip: Daytime Phone: Email:  ADDITIONAL OPERATOR Individual's Name: Operator ID: Address:  Town / City: State: Zip: Daytime Phone: Fax: Emergency 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 fates 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:	Address:		
Emergency Phone:    Email:	Town / City:	State:	Zip:
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	Printed Name:	Title:	
This form and related environmental information are available electronically at <a href="https://www.drinkingwater.vt.gov">www.drinkingwater.vt.gov</a>	Signature:	Date:	
	This form and related environmental inform	nation are available electr	onically at <u>www.drinkingwater.vt.gov</u>

Drinking Water and Groundwater Protection Division One National Life Drive - Main 2 Montpelier, VT 05620-3521

Toll free 1-800-823-6500 Out of State 1-802-241-3400 Fax 1-802-828-1541

2/25/2013