

Drinking Water and Groundwater Protection Division

PUBLIC WATER SYSTEM OFFICIALS CONTACT FORM

Water System Name: _____

WSID #: _____

Located in Town / City: _____

Information provided on this form will supersede and replace information on file.

This form must be filled out completely each time it is submitted.

Be sure to read information in each segment of the form to ensure it is filled out correctly.

WATER SYSTEM OWNER

This section identifies the legal name of the **Owner** of the Water System. The Owner is the individual or valid legal 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, corporation, school district, or may be an individual. If the Owner is an association or corporation, it must be a valid legal entity in active standing with the Vermont Secretary of State's Corporations Division.

Owner Name:

Mailing Address:

Town / City:

State:

Zip:

Business Phone:

Fax:

Emergency Phone:

Email:

ADMINISTRATIVE CONTACT

This section identifies the individual authorized by the Owner to receive all communications regarding the Water System. **Note: this is not always the individual who has legal authority to sign on behalf of the entity owning the Water System. Completion of this form does not convey legal authority to the Administrative Contact to sign and act on behalf of the Owner.**

Individual's Name:

Mailing Address:

Town / City:

State:

Zip:

Daytime Phone:

Fax:

Emergency Phone:

Email:

FINANCIAL CONTACT (Optional - if different from Administrative Contact)

This section identifies the individual or firm that is responsible for receiving and processing invoices and bills sent to the Water System. If a financial not identified on this form, invoices and bills will be sent to the Administrative Contact identified above.

Individual or Firm/Company Name:

Mailing Address:

Town / City:

State:

Zip:

Daytime Phone:

Fax:

Emergency Phone:

Email:

DESIGNATED OPERATOR

This section identifies the Water System's designated and certified Operator who will receive copies of selected correspondence and other communications sent to the Water System, including outreach in the event of an emergency. 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, source, treatment, storage, distribution, and compliance standards. The Operator must hold a valid certification equal to or greater than the classification of the Water System. Each system must designate at least one Operator.

Operator Name:		Operator ID:
Mailing Address:		
Town / City:	State:	Zip:
Daytime Phone:	Fax:	
Emergency Phone:	Email:	

ADDITIONAL OPERATOR(S)

This section 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(s) must hold a valid certification equal to or greater than the classification of the water system at the time of submitting the form. If additional space is needed, attach extra sheets.

Name:	Operator ID:	Name:	Operator ID:
Name:	Operator ID:	Name:	Operator ID:
Name:	Operator ID:	Name:	Operator ID:

If you have questions regarding Operator Certification status: Please use the Division's online search tool at: <https://anrweb.vt.gov/DEC/DWGWP/Search.aspx> or contact the Operator Certification Officer at (802) 585-4902.

OPERATOR(S) NO LONGER EMPLOYED Identify those operators to remove from the system. If additional space is needed, attach extra sheets. This segment may not be applicable to all systems submitting this form.

OWNER SIGNATURE / CERTIFICATION

This form must be signed by the Water System Owner or a representative of the Owner who has been granted legal authority to sign on behalf of the Owner. Authorized individuals include a principal/member of the owning entity registered with the Vermont Secretary of State Corporation's Division, a board president, committee chair, or other legally-authorized individual.

Printed Name:	Title:
Signature:	Date:

Certification Statement: 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)

This form and related environmental information are available electronically at <http://dec.vermont.gov/water>

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