

# Rhode Island Public Water System Information Update Form

## **Instructions - Use the Tab key to navigate through this form**

- Owners of public water systems in RI must notify the Office of Drinking Water Quality of changes to key administrative, managerial, financial, and operational personnel.
- We must also be notified of proposed changes to ownership of any property affecting the public water system and/or its infrastructure.
- Changes will not be made without written consent from the owner evidenced by the signing of this request.

## **Section 1) SYSTEM/FACILITY NAME**

- **Complete this section even if no changes exist.**
- This information pertains to the location of the public water facility and usually references the “common name” (not necessarily the name of the entity owning the system). For example: If ACME Holdings Corporation owns an industrial park on ABC Street which is served by a public water system, the “common name” could be the ABC Industrial Park Public Water System.
- If incomplete, this form will be returned to avoid errors in data entry.

## **Complete sections 2 – 8 as changes occur**

Mark the appropriate checkbox ( NO CHANGES) to indicate no changes to a section if the contact information has not changed.

## **Section 2) AC – ADMINISTRATIVE CONTACT / OWNERSHIP INFORMATION**

- Provide the name of the entity that is legally responsible for the public water system and owns the property on which the water system sits. Provide a DBA if applicable.
- This may be an individual, sole proprietor, partnership, limited partnership, corporation, LLC, or government entity but not a tenant who has no ownership rights.
- Provide a name and contact information for the individual who will be responsible for general and legal correspondence.
- This person will be listed as the Administrative Contact (AC) and laboratory water quality results will go to this person.
- Only one per system - no exceptions.

## **3) FC - FINANCIAL CONTACT**

- The individual who will receive license renewal invoices and applications.
- Laboratory bills are sent to this contact.
- Only one per system - no exceptions.

## **4) DO - DESIGNATED OPERATOR IN CHARGE: (if required)**

- This is the certified operator in charge of the public water supply system.
- This person must be appropriately licensed by HEALTH.
- Only one per system - no exceptions.

## **5) EC –EMERGENCY CONTACT**

- You must list an individual who is available and able to be reached in the event of an emergency.
- This individual may also be the system contact for administrative, operational, or financial correspondence.
- A business phone, cellular phone and email address are required.

## **6) OP – OPERATOR(S)**

- List certified operator(s) associated with the water system but who are not the designated operator assigned in # 5.
- Use additional paper if necessary.

## **7) SA – SAMPLER**

- All sampling bottles are sent to this contact.
- Only one per system - no exceptions.

## **8) System Upgrades** Provide information regarding anticipated changes to the water system.

# Rhode Island Public Water System Information Form

Internal Use Only
DWQ Staff Initials and Date
DWQ Reviewer _____
L2K _____
SDWIS _____
FILE _____

## 1) SYSTEM/FACILITY INFORMATION:

MANDATORY

**Name:** \_\_\_\_\_ **PWS ID#:** \_\_\_\_\_  
(Provide the "Common Name" (see Instructions Section 1) of the water system exactly as it appears on the license)  
(Maximum length – 40 characters)

**Street Address:** \_\_\_\_\_  
(Provide the street address, telephone, fax, and email information for the public water system facility)

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Check here  if information in the section above reflects a change, e.g. new phone numbers, etc.**

## 2) AC - ADMINISTRATIVE CONTACT / OWNERSHIP INFORMATION: NO CHANGES (Only one per system)

MANDATORY

**Business/Corporate Name/DBA:** \_\_\_\_\_  
(The name of the individual or entity that owns the property on which the water system sits)

Sole Proprietor  Corporation  Partnership  Limited Partnership  Limited Liability Corporation  Government Entity

**Contact Name:** \_\_\_\_\_  
(List the individual responsible for general and legal correspondence. Laboratory results will go to this person)

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

## 3) FC - FINANCIAL CONTACT: NO CHANGES

All laboratory and licensing fee invoices are sent to this contact (Only one per system)

MANDATORY

**Contact Name and Title:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **PO Box** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

## 4) DO - DESIGNATED OPERATOR IN CHARGE: NO CHANGES NO OPERATOR REQUIRED

This is the certified operator in charge of the public water supply system and must be licensed by HEALTH.  
(Only one per system)

MANDATORY

**Contact Name and Title:** \_\_\_\_\_ **Lic. # (s)** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **PO Box** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**5) EC – Emergency:**  **NO CHANGES**

You must list an individual who is available and able to be reached in the event of an emergency. A business phone, cellular phone and email address are required.

Contact Name and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**6) OP – Operator(s):**  **NO CHANGES**

List certified operator(s) associated with the water system that is not the designated operator assigned in # 5 above. Use additional paper if necessary.

Contact Name and Title: \_\_\_\_\_ Lic. # (s) \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Hire/termination: \_\_\_\_\_ (mm/dd/yyyy)

**7) SA – SAMPLER:**  **NO CHANGES**

**SAMPLES ARE COLLECTED BY HEALTH**

(If samples are collected by HEALTH check this box and skip to No. 8 below)

All lab sample bottles are sent to this contact (only one per system)

Contact Name and Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**8) System Upgrades:**  **NO CHANGES**

Provide a description of any anticipated changes to the public water source, system components or population served:

**If property ownership changes, the new owner must contact this office to apply for license transfer**

**INFORMATION PROVIDED BY (owner):**

Owner's Name and Title	Signature	Date
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MANDATORY