

# Rhode Island Public Water System Information Update Form

## Instructions

- Public Water Systems must notify the Center for Drinking Water Quality (DWQ) of changes to key administrative, managerial, financial, and operational personnel within 72 hrs.
- Public Water Systems must provide DWQ with an email address for its owner and/or administrative contact, and where applicable, its Designated Operator. At least one of these emails must be checked at least once per day (Monday-Friday) for messages from DWQ.
- Changes will not be made without written consent from the owner (or owner representative) evidenced by the signing of this request.

### **Section 1: SYSTEM/FACILITY INFORMATION**

- Complete this section even if no changes exist. If incomplete, this form will be returned.

### **Sections 2 - 8: ONLY COMPLETE IF CHANGES HAVE OCCURRED TO YOUR SYSTEM**

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

### **Changes in Property/System Ownership Require Additional Documentation**

- DWQ must be notified of proposed changes to ownership of any property affecting the public water system and/or its infrastructure (i.e., protective radius).
- If the property owner where the well is located has changed, please contact DWQ at 401-222-6867 for a License Transfer Application.

Please email or mail this form back to DWQ at [DOH.RIDWQ@health.ri.gov](mailto:DOH.RIDWQ@health.ri.gov) or Department of Health, Center for Drinking Water Quality, Three Capitol Hill, Room 209, Providence, RI 02908.

PWS: Public Water System

RIDOH: Rhode Island Department of Health

DWQ: Center for Drinking Water Quality

# Rhode Island Public Water System Information Update Form

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

## 1) SYSTEM/FACILITY INFORMATION:

Name:

PWS ID#:

Provide the "Common Name" of the water system exactly as it appears on the license. Address should be the physical location of the public water system.

MANDATORY

Street Address:

PO Box:

City:

Zip:

Phone:

Emergency Phone:

Fax:

E-mail:

\*\*\*Changes in ownership require additional documentation. DWQ must be notified of proposed changes to ownership of any property affecting the public water system and/or its infrastructure (i.e., protective radius). If the property owner where the well is located has changed, please contact DWQ at 401-222-6867 for a License Transfer Application.

## 2) AC - ADMINISTRATIVE CONTACT: NO CHANGES

MANDATORY

List the individual responsible for general and legal correspondence (only one per system). Laboratory results will go to this person.

Contact Name:

Street Address:

PO Box:

City:

Zip:

Phone:

Emergency Phone:

Fax:

E-mail:

## 3) FC - FINANCIAL CONTACT: NO CHANGES

MANDATORY

All laboratory and licensing fee invoices 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:

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

MANDATORY

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

Contact Name and Title:

Lic. # (s):

Street Address:

PO Box:

City:

Zip:

Phone:

Emergency Phone:

Fax:

E-mail:

Date of Hire:  
(mm/dd/yyyy)

MANDATORY

**5) EC – EMERGENCY CONTACT(S):**  **NO CHANGES**

You must list an individual who is available and able to be reached in the event of an emergency; however, they are not considered the system contacts for regular administrative, operational, or financial correspondence unless otherwise designated in this form.

**Contact Name and Title:**

Street Address: PO Box:  
City: Zip:  
Phone: Emergency Phone:  
Fax: E-mail:

**6)  OP – OPERATOR(S) or  OT – OTHER or  NO CHANGES**

- OP – List certified operator(s) associated with the water system that is not the designated operator assigned in #4.
- OT – List other contact associated with the water system that does not fall into any of the categories on this form.
- Remember to check the appropriate box above.
- Please use additional paper if necessary.

**Contact Name and Title:**

Street Address: PO Box:  
City: Zip:  
Phone: Emergency Phone:  
Fax: E-mail: Date of Hire:  
(mm/dd/yyyy)

**7) SA – SAMPLER:**  **NO CHANGES**  **SELF**  **RIDOH**  **CONTRACT CERTIFIED LAB**

If applicable, provide the sampler's information below.

**Contact Name and Title:**

Street Address: PO Box:  
City: Zip:  
Fax: E-mail:

**8) SYSTEM CHANGES/UPGRADES:**  **NO CHANGES**

If you are planning to make physical changes to your public water system, please contact DWQ at 401-222-6867 to clarify additional requirements.

**POPULATION SERVED:**

**SERVICE CONNECTIONS:**

**INFORMATION PROVIDED BY (property/PWS owner OR representative):**

\_\_\_\_\_  
Owner Name and Title (Printed) Signature Date

\_\_\_\_\_  
Owner Representative Name and Title (Printed) Signature Date