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 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

1) SYSTEM/FACILITY INFORMATION:

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.

- Name:
- PWS ID#:

- 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 401-222-8867 for a License Transfer Application.

2) AC - ADMINISTRATIVE CONTACT: ☐ NO CHANGES

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

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

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)

(02/2019) 2
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.

<table>
<thead>
<tr>
<th>Contact Name and Title:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td>PO Box:</td>
</tr>
<tr>
<td>City:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Emergency Phone:</td>
</tr>
<tr>
<td>Fax:</td>
<td>E-mail:</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Contact Name and Title:</th>
<th>Lic. # (s):</th>
</tr>
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<tbody>
<tr>
<td>Street Address:</td>
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</tr>
<tr>
<td>Date of Hire: (mm/dd/yyyy)</td>
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7) **SA – SAMPLER:** □ NO CHANGES □ SELF □ RIDOH □ CONTRACT CERTIFIED LAB

If applicable, provide the sampler’s information below.

<table>
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</table>

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):**

<table>
<thead>
<tr>
<th>Owner Name and Title (Printed)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner Representative Name and Title (Printed)</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>