

Public Water System Contacts Update Form

*Asterisked fields are MANDATORY to fill out. Other fields are optional.

Submit this form to the Bureau of Safe Drinking Water by email to watersupply@dep.nj.gov or by fax to (609) 292-1654.

*PWS Name:			*PWSID:	
*Form Completed B	y (Name): *Pho	ne No.:	*Date:	
	*General Contact ¹			
*Name:				
*Email:				
*Phone No.:		Fax:		
Alt. Phone:		Job Title:		
	*Mailing Address ²	Sam	Physical/Street Address ³ ne as Mailing Address? Y() N()	
*Address Line 1:				
Address Line 2:				
Address Line 3:				
*City:				
County:				
*State:				
*Zip Code:				
	*Fees/Billing Contact ⁴	Game	Responsible Entity ⁵	
*Name:	Same as General Contact? Y() N()	Same	e as Fees/Billing Contact? Y() N()	
*Email:				
*Phone No.:				
Fax:				
Alt. Phone No.:				
Job Title:				
	Fees/Billing Address ⁶			
Address Line 1:				
Address Line 2:				
Address Line 3:				
City:		County:		
State:		Zip:		
	Block & Lot ⁷			
Block:		Lot:		
Municipality:		County:		

1. General Contact: The owner, operator, or other responsible representative to contact for important compliance correspondence, general questions about operations, permitting, and monitoring. 2. <u>Mailing Address</u>: The address at which we can reach the general 4. Fees/Billing Contact: The representative to contact with regards to matters of annual operating fees and billing.

5. <u>Responsible Entity:</u> The system's overseeing management company or entity, if applicable. 6. Fees/Billing Address: The address at which we can reach the

contact by mail for compliance letters, important reminders, routine correspondence, etc. This may be the system's management office fees/billing contact with regards to matters of annual operating fees or PO box and does not have to be located at a system facility.

3. Physical Address: The address at which your primary facility (treatment plant, well, etc.) is physically located.

and billing. 7. Block & Lot: The block and lot numbers of the property that the facility is situated on.