

State Water Resources Control Board
Division of Drinking Water
50 D Street, Suite 200
Santa Rosa, CA 95404-3752
(707) 576-2145 Fax: (707) 576-2722

7-18

Please submit completed form to **dwpdist18@waterboards.ca.gov**.
General inquiries can also be made by emailing **dwpdist18@waterboards.ca.gov**,
or by calling **(707) 576-2145**.

WATER SYSTEM CONTACTS

Water System Number:

Water System Name:

PHYSICAL LOCATION: Physical location at the water system. REQUIRED.

Address Line One:

Address Line Two:

City, State & Zip

ADMINISTRATIVE CONTACT: Legally responsible for water system. Typically, the owner or general manager. Will be receiving all mailings from the Division. There can only be one administrative contact. REQUIRED.

Name:

Organization:

Job Title:

Phone (Business):

Phone (Mobile):

Phone (Emergency):

Fax:

Email Address:

Address Line One:

Address Line Two:

City, State & Zip:

Comments:

OWNER CONTACT: Legal owner of the water system property. Could be a corporation or LLC. REQUIRED.

Name:

Organization:

Job Title:

Phone (Business):

Phone (Mobile):

Phone (Emergency):

Fax:

Email Address:

Address Line One:

Address Line Two:

City, State & Zip:

Comments:

FINANCIAL CONTACT: Person to receive invoices from the Division. There can only be one financial contact. REQUIRED.

Name:

Organization:

Job Title:

Phone (Business):

Phone (Mobile):

Phone (Emergency):

Fax:

Email Address:

Address Line One:

Address Line Two:

City, State & Zip:

Comments:

DESIGNATED OPERATOR: Chief operator. Must be a state-certified operator.

Name:

Organization:

Job Title:

Phone (Business):

Phone (Mobile):

Phone (Emergency):

Fax:

Email Address:

Address Line One:

Address Line Two:

City, State & Zip:

Comments:

OPERATOR CONTACT: Other operators employed by the water system. Make copies as needed. Multiple operator contacts are allowed.

Name:

Organization:

Job Title:

Phone (Business):

Phone (Mobile):

Phone (Emergency):

Fax:

Email Address:

Address Line One:

Address Line Two:

City, State & Zip:

Comments:

WATER QUALITY/SAMPLER CONTACT: Person to receive water quality updates from the Division.

Name:

Organization:

Job Title:

Phone (Business):

Phone (Mobile):

Phone (Emergency):

Fax:

Email Address:

Address Line One:

Address Line Two:

City, State & Zip:

Comments:

EMERGENCY CONTACT: Person designated to coordinate emergency response activities.

Name:

Organization:

Job Title:

Phone (Business):

Phone (Mobile):

Phone (Emergency):

Fax:

Email Address:

Address Line One:

Address Line Two:

City, State & Zip:

Comments:

LEGAL CONTACT: Water system attorney or person to contact about legal issues.

Name:

Organization:

Job Title:

Phone (Business):

Phone (Mobile):

Phone (Emergency):

Fax:

Email Address:

Address Line One:

Address Line Two:

City, State & Zip:

Comments:

CC CONTACT: Person to receive copies of all correspondence with the Division in addition to the Administrative Contact.

Name:

Organization:

Job Title:

Phone (Business):

Phone (Mobile):

Phone (Emergency):

Fax:

Email Address:

Address Line One:

Address Line Two:

City, State & Zip:

Comments: