|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **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](mailto:watersupply@dep.nj.gov) or by fax to (609) 292-1654. | | | | | | |
| **\*PWS Name:** | | | | | **\*PWSID:** | | |
| **\*Form Completed By (Name):** | | | **\*Phone No.:** | | | **\*Date:** | |
|  | | **\*General Contact1** | | | | | |
| **\*Name:** | |  | | | | | |
| **\*Email:** | |  | | | | | |
| **\*Phone No.:** | |  | | Fax: | | | |
| Alt. Phone: | |  | | Job Title: | | | |
|  | | **\*Mailing Address2** | | **Physical/Street Address3**  *Same as Mailing Address? Y( ) N( )* | | | |
| **\*Address Line 1:** | |  | |  | | | |
| Address Line 2: | |  | |  | | | |
| Address Line 3: | |  | |  | | | |
| **\*City:** | |  | |  | | | |
| County: | |  | |  | | | |
| **\*State:** | |  | |  | | | |
| **\*Zip Code:** | |  | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **\*Fees/Billing Contact4**  *Same as General Contact? Y( ) N( )* | | **Responsible Entity5**  *Same as Fees/Billing Contact? Y( ) N( )* |
| **\*Name:** |  | |  |
| **\*Email:** |  | |  |
| **\*Phone No.:** |  | |  |
| Fax: |  | |  |
| Alt. Phone No.: |  | |  |
| Job Title: |  | |  |
|  | **Fees/Billing Address6** | | |
| Address Line 1: |  | | |
| Address Line 2: |  | | |
| Address Line 3: |  | | |
| City: |  | | County: |
| State: |  | | Zip: |
|  | **Block & Lot7** | | |
| 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. Mailing Address:*  The address at which we can reach the general contact by mail for compliance letters, important reminders, routine correspondence, etc. This may be the system’s management office 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. | | *4. Fees/Billing Contact:* The representative to contact with regards to matters of annual operating fees and billing.  *5. Responsible Entity:* The system’s overseeing management company or entity, if applicable.  *6. Fees/Billing Address:* The address at which we can reach the fees/billing contact with regards to matters of annual operating fees and billing.  *7. Block & Lot:* The block and lot numbers of the property that the facility is situated on. | |