

Public Water System Points of Contact Change Form

Person Completing this Form	
Public Water System Name	
Information Provided By	

Date	
PWSID#	ME
New Owner?	<input type="checkbox"/> (Y/N)

Change of POC or multiple address changes. All boxes must be completed.

If a Point of Contact (POC) has no change just check the "No Change" box. Do not fill out the rest of the information.

If a person is more than one type of POC, type "same as ____" in the name field.

Every PWS is required to identify the following Points of Contact:

ADMINISTRATIVE CONTACT (AC) No Change

Name		Fax (Dedicated Line)	
Mailing Address		Emergency Phone	
City, State, Zip		Cell Phone	
Business Phone		Email	

EMERGENCY CONTACT (EC) No Change

Name		Fax (Dedicated Line)	
Mailing Address		Emergency Phone	
City, State, Zip		Cell Phone	
Business Phone		Email	

FINANCIAL CONTACT (FC) No Change

Name		Fax (Dedicated Line)	
Mailing Address		Emergency Phone	
City, State, Zip		Cell Phone	
Business Phone		Email	

OWNER CONTACT (OW) No Change

Name		Fax (Dedicated Line)	
Mailing Address		Emergency Phone	
City, State, Zip		Cell Phone	
Business Phone		Email	

PHYSICAL LOCATION (PL) No Change

Street Address	
City, State, Zip	

SAMPLER (SA) No Change

Name		Fax (Dedicated Line)	
Mailing Address		Emergency Phone	
City, State, Zip		Cell Phone	
Business Phone		Email	

To add or remove a **DESIGNATED OPERATOR**, please use the Designated Operator Form (DWP0156-C)

Add or remove additional/optional POCs on the next page

ADDITIONAL POCs

ME

OTHER CONTACT (Specify Type of Contact)			
Name		Fax (Dedicated Line)	
Mailing Address		Emergency Phone	
City, State, Zip		Cell Phone	
Business Phone		Email	

OTHER CONTACT (Specify Type of Contact)			
Name		Fax (Dedicated Line)	
Mailing Address		Emergency Phone	
City, State, Zip		Cell Phone	
Business Phone		Email	

OPERATORS are PWS staff who do not have the requisite Operator's License to be a *Designated Operator*. Operators take part in the day-to-day operation of a PWS, but are not involved in decision making. Public Water Systems are not required to identify Operators among their POCs.

To add or remove a **DESIGNATED OPERATOR**, please use the Designated Operator Form (DWP0156-C)

OPERATOR CONTACT (OP)		<input type="checkbox"/> No Change	
Name		Fax (Dedicated Line)	
Mailing Address		Emergency Phone	
City, State, Zip		Cell Phone	
Business Phone		Email	

OPERATOR CONTACT (OP)		<input type="checkbox"/> No Change	
Name		Fax (Dedicated Line)	
Mailing Address		Emergency Phone	
City, State, Zip		Cell Phone	
Business Phone		Email	

For assistance, contact your PWS Inspector or call the Maine Drinking Water Program at 207-287-2070

Please return completed forms to:

Maine CDC – Drinking Water Program

Mail:
 286 Water Street, 3rd Floor
 State House Station 11
 Augusta, ME 04333-0011

Fax:
 207-287-4172