## **Public Water System Points of Contact Change Form**

Person Completi	ing this Form					Date	
Public Water S	ystem Name					PWSID#	ME
Information	Provided By					New Owner?	(Y/N)
Change of POC or n	=	_			="		
If a Point of Contact (	•				ge" box. Do not fill ou	t the rest of the infor	mation.
ii a persori is more ui	an one type of PC	JC, type S	airie as _	III (I	ie name neid.		
Every PWS is requir	red to identify the	e following	y Points	of Conta	ct:		
ADMINISTRATIVE C	ONTACT (AC)	No (	Change				
Name					Fax ([	Dedicated Line)	
Mailing Address					Em	ergency Phone	
City, State, Zip						Cell Phone	
Business Phone			]	Email			
EMERGENCY CONT	ACT (EC)	No (	Change				
Name					Fax ([	Dedicated Line)	
Mailing Address					Em	ergency Phone	
City, State, Zip						Cell Phone	
<b>Business Phone</b>				Email	<u>.</u>	·	
		_		-			
FINANCIAL CONTAC	CT (FC)	No (	Change				
Name						Dedicated Line)	
Mailing Address					Em	ergency Phone	
City, State, Zip			1			Cell Phone	
Business Phone			]	Email			
OWNER CONTACT (	(OW)	No (	Change				
Name		<del></del>			Fax ([	Dedicated Line)	
Mailing Address					Em	ergency Phone	
City, State, Zip						Cell Phone	
<b>Business Phone</b>				Email	<u>.</u>	<u>.</u>	
			-				
PHYSICAL LOCATION	ON (PL)	No (	Change				
Street Address							
City, State, Zip							
SAMPLER (SA)		No (	Change				
Name					Fax (I	Dedicated Line)	
Mailing Address					Em	ergency Phone	
City, State, Zip						Cell Phone	
<b>Business Phone</b>				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

				Fax (Dedicated Line)	
Mailing Address				<b>Emergency Phone</b>	
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	
<b>Business Phone</b>		Email			
		_			
among their POCs.  To add of					
OPERATOR CONTA	_	OPERATOR, pleas Change	se use the De	esignated Operator Form	(DWP0156-C)
OPERATOR CONTA	_		se use the De		(DWP0156-C)
Name	_		se use the De	Fax (Dedicated Line)	(DWP0156-C)
	_		se use the Do		(DWP0156-C)
Name Mailing Address	_		se use the De	Fax (Dedicated Line) Emergency Phone	(DWP0156-C)
Name Mailing Address City, State, Zip	_	Change	se use the Do	Fax (Dedicated Line) Emergency Phone	(DWP0156-C)
Name Mailing Address City, State, Zip	No C	Change	se use the De	Fax (Dedicated Line) Emergency Phone	(DWP0156-C)
Name Mailing Address City, State, Zip Business Phone	No C	Change Email	se use the Do	Fax (Dedicated Line) Emergency Phone	(DWP0156-C)
Name Mailing Address City, State, Zip Business Phone  OPERATOR CONTA	No C	Change Email	se use the De	Fax (Dedicated Line) Emergency Phone Cell Phone	(DWP0156-C)
Name Mailing Address City, State, Zip Business Phone  OPERATOR CONTA Name	No C	Change Email	se use the De	Fax (Dedicated Line) Emergency Phone Cell Phone Fax (Dedicated Line)	(DWP0156-C)
Name Mailing Address City, State, Zip Business Phone  OPERATOR CONTA  Name Mailing Address	No C	Change Email	se use the De	Fax (Dedicated Line) Emergency Phone Cell Phone  Fax (Dedicated Line) Emergency Phone	(DWP0156-C)

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

**OTHER CONTACT (Specify Type of Contact)** 

Mail:

286 Water Street, 3<sup>rd</sup> Floor State House Station 11 Augusta, ME 04333-0011

Fax:

207-287-4172