



Good Life. Great Resources.

## CRITICAL INFORMATION AND EMERGENCY CONTACT LIST (ECL) FOR PUBLIC WATER SYSTEMS

DEPT. OF ENVIRONMENT AND ENERGY

To be updated annually – This document must be signed and dated at the bottom of page two.

<b>Name of System:</b>	<b>County:</b>	<b>PWSS ID#</b> NE31
<b>Physical Street Address:</b>		
<b>Address to which primary mail will be directed:</b> Check here if same as above <input type="checkbox"/>		
<b>System E-mail Address:</b>		
<b>Owner, Mayor, Board Chairperson:</b> (Name of the owner of this system, if it is not a city/town/village, otherwise name of Mayor, Board Chair, etc.)		<b>Daytime Phone:</b>
<b>Work Mailing Address:</b> (Address to which all Owner mail will be directed) Check here if same as above <input type="checkbox"/>		<b>Mobile Phone:</b>
<b>E-mail Address:</b>		
<b># Residential Connections:</b>	<b>#Non-Residential Connections:</b>	<b>#Population Served:</b>
<b>Administrative Contact (AC) (Manager, City Admin, etc.):</b> (Person responsible for managing this system, if different from above)		<b>Daytime Phone:</b>
<b>Work Mailing Address:</b> (Address to which all AC mail will be directed) Check here if same as above <input type="checkbox"/>		<b>Fax:</b>
<b>E-mail Address:</b>		
<b>Designated Operator (DO) in Charge:</b>		<b>Daytime Phone:</b>
<b>Designated Operator Work Mailing Address:</b> (Address to which mail directed to the DO will be mailed) Check here if same as system address <input type="checkbox"/>		<b>Mobile Phone:</b>
<b>Designated Operator in Charge E-mail Address:</b> Check here if same as system e-mail address <input type="checkbox"/>		
<b>24-Hour Emergency Phone Number for the System:</b>		
<b>Financial Contact (FC) (Laboratory Bill payer):</b> (Name of person responsible for paying the bills for this system)		<b>Daytime Phone:</b>
<b>Financial Contact Mailing Address:</b> (Address to which all laboratory invoices will be mailed) Check here if same as primary mailing address <input type="checkbox"/>		
<b>E-mail Address:</b>		
<b>Primary Sampler Name (SA):</b> (Name of person who is primarily responsible for receiving sample kits and mailing samples to lab)		<b>Daytime Phone:</b>
<b>Sample Kit Mailing Address:</b> (Address to which all sample results will be mailed)		<b>Mobile Phone:</b>
<b>Person who will receive Sample Results:</b>		
<b>Sample Results Mailing Address:</b> Check here if same as system email address <input type="checkbox"/>		

<b>Legal Contact (Attorney):</b>		Daytime Phone:	
<b>Water System Licensed Operators Names, Grade of License, Expiration/Issue Date and Daytime Phone Number:</b>			
<b>Operator Name:</b>	<b>License Grade</b>	<b>Expiration Date (Issue Date for Grade 5 License)</b>	<b>Daytime Phone:</b>
Secretary or City/Village Clerk		Daytime Phone:	
Maintenance Person or Public Works Director:		Daytime Phone:	
Engineer:		Daytime Phone:	
Police Chief:		Daytime Phone:	
County Sheriff:		Daytime Phone:	
Fire Chief:		Daytime Phone:	
Local Health Department or Official:		Daytime Phone:	
Local Civil Defense or Emergency Response Official:		Daytime Phone:	
Name of Red Cross Chapter:		Daytime Phone:	
Electric Utility:		Daytime Phone:	
Gas Utility:		Daytime Phone:	
Well Maintenance Company:		Daytime Phone:	
Is Water Purchased from Another System: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name of System:			
Supplier Daytime Phone:		Fax:	Alternate:
Is Water Sold To Another System: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Name of System:			
DEE Field Representative:		Phone:	Cell:
<b>DEE (Lincoln)</b>			
Field Services Manager: <b>Andy Kahle</b>		Phone: (402) 471-0521	DEE Emergency Phone: (402) 499-6922
Monitoring and Compliance Manager: <b>Justin Nelsen</b>		Phone: (402) 471-0930	
Drinking Water Program Administrator: <b>Laura Johnson</b>		Phone: (402) 471-0510	
<b>EMERGENCY CONTACTS</b>			
Nebraska Rural Water Association – Wahoo, NE		Phone: (800) 842-8039	
League of Nebraska Municipalities, Utilities Section – Lincoln Nebraska		Phone: (402) 476-2829	
Midwest Assistance Program		Phone: (402) 389-0900	
<b>Submitted by:</b>		<b>Title:</b>	<b>Date:</b>

**Return via mail to:** NDEE Drinking Water Program  
PO Box 98922, Lincoln NE 68509-8922

**Return via email to:** [ndee.ecmupload@nebraska.gov](mailto:ndee.ecmupload@nebraska.gov)

**Return via fax:** (402) 471-2909

**Questions:** please call 402-471-2713 for assistance.