



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.

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

Legal Contact (Attorney):			Daytime Phone:
Water System Licensed Operators Names, Grade of License, Expiration/Issue Date and Daytime Phone Number			
Operator Name	License Grade	Expiration Date (Issue Date for Grade 5 License)	Daytime Phone

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:	
DEE (Lincoln)		
Field Services Manager:	Phone: (402) 471-0521	DEE Emergency Phone: (402) 499-6922
Monitoring and Compliance Manager:	Phone: (402) 471-0930	
Drinking Water Program Administrator:	Phone: (402) 471-0510	
EMERGENCY CONTACTS		
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	

Submitted by:	Title:	Date:
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Return via mail to: NDEE Drinking Water Program
PO Box 98922, Lincoln NE 68509-8922

Return via e-mail to: ndee.ecmupload@nebraska.gov

Return via fax: (402) 471-2909

Questions: Please call (402) 471-2713 for assistance.