

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

DEPT. OF WATER, ENERGY, AND ENVIRONMENT

To be updated annually – All sections of this document must be completed fully. 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 ☐		
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 ☐		
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 ☐		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 ☐		Mobile Phone:
Designated Operator in Charge E-mail Address: Check here if same as system e-mail address ☐		
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 ☐		
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 email address ☐		

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 ☐ No ☐ If Yes, Name of System:				
Supplier Daytime Phone:		Fax:	Alternate:	
Is Water Sold To Another System: Yes ☐ No ☐ If Yes, Name of System:				
DWEE Field Representative:		Phone:	Cell:	
DWEE Lincoln Office				
Field Services Manager: Andy Kahle		Phone: (402) 471-0521	NDWEE Emergency Phone: (402) 499-6922	
Monitoring and Compliance Manager: Taylor Benzel		Phone: (402) 471-0930		
Drinking Water Program Administrator: Laura Johnson		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:

Return via mail to: DWEE Drinking Water Program
245 Fallbrook Blvd. Ste 100, Lincoln NE 68509-8922

Return via email to: dwee.ecmupload@nebraska.gov

Return via fax: (402) 471-2909

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