



Inventory Address Data - Form #2 Application

Instructions for Form 780-1232

Water Protection Program fact sheet

11/2012

Purpose

This form is used to record personnel and address data for a public water system.

- New addresses or changes to existing addresses can be submitted at any time.
- If more than three addresses are needed, attach a second form and mark it as a continuation for addresses.
- There must be at least one addressee listed for each facility.

Directions

We have made every effort to make these instructions precise and accurate. For the purpose of this form:

- “Required” means data must be supplied for that field.
- “Optional” means data is not necessarily required for that field unless the information changed or is new.

PWS ID#

Identify the Public Water System ID# for the water system to which the contact belongs. Leave this field blank for a new system.

PWS Name

Identify the official name of the water system or company.

County

List the primary county in which the water system is located.

Contact Types

Each addressee must be identified with an address type code to indicate their relationship to the water system. See page 3 for descriptions.

Chief Distribution Operator

Mark box indicating if this contact is the chief distribution operator (distribution may include chlorination).

Chief Treatment Operator

Mark box indicating if this contact is the chief treatment operator (treatment includes any treatment above and beyond chlorination), or this is the back-up operator.

Certification Section

Required for certified operators to provide certification type, certificate # and certificate expiration date.

Notes

(Optional) Use this box to indicate if the addressee is replacing someone, the addressee needs to be deleted, or to give any special/additional information.

Name

List the complete name of the person as it should appear on correspondence. If the address is for a company or office rather than a person, give the complete company name. A title may be used in place of the name to create a generic address (for example: Water Superintendent). Note: These are listed on the form as “Contact 1 Name,” “Contact 2 Name,” “Contact 3 Name”, etc.

Title

(Optional) List the individual’s title or, if appropriate, the company name, etc.

Address Line 1

(Optional) First line of a two-line address. If only one line is needed, leave this item blank.

Address Line 2

Second line of a two-line address. If only one line is needed, put the address here.

Note: If there is a two-line address, always list the mailing address (post office box) in the “Address Line 2” field. If the addressee is the person who should receive sample bottles, there must be a street address that can be delivered to by UPS® or another similar carrier.

City, State and ZIP Code

The first five digits of the ZIP are required; the last four digits are optional.

Telephone (Work, Cell, Fax, Emergency)

A telephone number for each individual address is optional, but it is required that at least one addressee have a phone number identified. When a telephone number is given, the area code is required.

Email

(Optional) A working email at which the contact can be reached.

Completed By

Name of the person completing the form.

Date

Date the form is completed.

Types of Contacts (Address Type) Descriptions

The following are required fields:

# Required	Item	Description
1	AC	Administrative Contact - Mayor, president, owner, manager or responsible party who receives violation reports.
1	FC	Financial contact - Person responsible for paying the lab fees/bills.
+1	OW	Owner of well or business – There should be an owner of the well. There can be an owner of a business. For homeowners associations the president of the HOA is the owner. For cities, the mayor or the city itself is the owner.
1	HC	Health Clinic Representative - Laboratory used by the system for bacti samples.
1	SA	Sample Administrator - Takes samples and receives bacti results and violation notices. Note: This is the only person who receives the bacti results and that person is responsible to make copies of the bacti report for all other interested parties. The SA may have a P.O. Box, but must have a physical address for UPS also.
1	DO	Chief Operator of the distribution system. For community and nontransient noncommunity systems.
+1	OP	Treatment Operator – If the system has both a certified operator of the distribution system and a certified operator of treatment and they are not the same person, then the chief operator of treatment is listed as OP. OP may also be a back-up operator or second operator.
The following are optional, but suggested fields:		
	EC	Emergency contact - Board members, homeowner's association members, etc.
1	TC	Tribal Chairman - Responsible for the annual consumer confidence report. If no TC is listed, the CCR report is sent to the SA.
1	UN	Utility representative (non-tribal) - Clerk or secretary
	LC	Legal contact.
	OT	(Other designation) is used for the physical address.

For More Information

Missouri Department of Natural Resources

Water Protection Program

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