NEBRASKA
Good Life. Great Resources.
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Revised 04/2026

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

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 three.

Name of system: _____

County: _____ **PWS ID Number 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 and Title:
(Name of the owner of this system, if it is not a city/town/village, otherwise name of Mayor, Board Chair, etc.)

_____

Daytime Phone: _____ Mobile Phone: _____

Work Mailing Address: (Address to which all Owner mail will be directed) ☐ Check here if same as system mailing address.

_____

Owner E-mail Address: _____

Number Residential Connections: _____ Number Non-Residential Connections: _____ Number Population Served: _____

Administrative Contact (AC) (Manager, City Admin, etc) Name and Title:
(Person responsible for managing this system, if different from above)

_____

Daytime Phone: _____ Mobile Phone: _____ Fax: _____

Administrative Contact Work Mailing Address: (Address to which all AC mail will be directed) ☐ Check here if same as system mailing address.

_____

Administrative Contact E-mail address: _____

Designated Operator (DO) in Charge Name and Title:

_____

Daytime Phone: _____ Mobile Phone: _____ Fax: _____

Designated Operator Work Mailing Address: (Address to which all DO mail will be directed) ☐ Check here if same as system mailing address.

_____

Designated Operator E-mail address: ☐ Check here if same as system e-mail address.

_____

24-Hour Emergency Phone Number for the System: _____

Financial Contact (FC) Name and Title: (Person responsible for paying the bills for this system)

Daytime Phone: _____ Mobile Phone: _____ Fax: _____

Financial Contact Mailing Address: (Address to which all laboratory invoices will be mailed) ☐ Check here if same as system mailing address.

Financial Contact E-mail address: (Address to which all laboratory invoices will be mailed) ☐ Check here if same as system e-mail address.

Primary Sampler Name (SA) Name and Title: (Person responsible for receiving sample kits and mailing samples to lab)

Daytime Phone: _____ Mobile Phone: _____ Fax: _____

Sample Kit Mailing Address: (Address to which all sample kits will be mailed) ☐ Check here if same as system mailing address.

Primary Sampler E-mail address: ☐ Check here if same as system e-mail address.

Name and Title of Person who will receive Sample Results:

Daytime Phone: _____ Mobile Phone: _____ Fax: _____

Sample Results Mailing Address: ☐ Check here if same as system mailing address.

Sample Results Email Address: ☐ Check here if same as system e-mail address.

☐ Check here if you would like to receive lab results via email only

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Legal Contact (Attorney): _____ Daytime Phone: _____

Water System Licensed Operators

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: _____ 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 DWEE Emergency Phone: (402) 499-6922

Monitoring and Compliance Manager: **Trevor Johnson** 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 68521

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

Return via fax to: (402) 471-2909

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