Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

Contact Information / Notification Registration

A. Purpose

Use this form if you need to update your contact information with the MassDEP Drinking Water Program (DWP). You may also use this form if you are interested in subscribing, or unsubscribing, to DWP email and autodialer notifications, as well as any of our electronic newsletters.

B. Contact Information (Required)

I am a (select one): B1) ☐ Certified Operator   B2) ☐ PWS Owner/Legally Responsible Party

B3) ☐ Board of Health Agent   B4) ☐ Other Interested Party

_____   _____
Mailing Address Line 1   Mailing Address Line 2

_____   _____   _____
City/Town   State   Zip

Provide the corresponding information for the selection made above.

B1. Certified Operator Information (All Fields Required)

_____   _____   _____   _____
Operator's Full Name   Operator License #   Operator Phone #   Operator Email Address

B2. PWS Owner / Legally Responsible Party (LRP) Information (All Fields Required)

_____   _____   _____
Owner's Full Name / LRP Name   Owner / LRP Phone #   Owner / LRP Email Address

_____   _____
PWS ID #   PWS Name

_____   _____
PWS Mailing Address Line 1   PWS Mailing Address Line 2

_____   _____   _____
PWS Mailing City/Town   PWS Mailing State   PWS Mailing Zip

_____   _____   _____
PWS Phone #   PWS Fax #   PWS Email Address

B3. Board of Health Agent Information (All Fields Required)

_____   _____   _____
Agent Full Name   Agent Phone #   Agent Email Address

_____
Board of Health Name / Town Name

B4. Other Interested Party (All Fields Required)

_____   _____   _____
Interested Party Full Name Interested Party Phone #   Interested Party Email Address

C. Notifications / Publications (Optional)

I would like to (select one):   ☐ Subscribe   ☐ Unsubscribe

Select the notifications & publications you would like to subscribe/unsubscribe to:

C1. Email Notifications & Publications

☐ In The Main Newsletter   ☐ Well Drillers Newsletter

C2. AutoDialer Notifications

☐ Emergency Notifications   ☐ Sampling & Monitoring Reminders

For AutoDialer notifications please provide the phone # where messages should be delivered.

_____
Phone #

If you would like to receive text message notifications, provide your mobile phone # and wireless carrier (e.g. Verizon Wireless, AT&T, etc.). Note: Msg, & data rates may apply.

_____
Mobile Phone #

_____
Wireless Carrier

Return Completed   By Email: program.director-dwp@state.ma.us (subject: Contact/Registration Update)
Form To: By Mail: MassDEP Drinking Water Program; Attn: Contact/Registration Update; 1 Winter Street, 5th Floor; Boston, MA 02108