



# Contact Information

## Certified Waterworks Operator

### PURPOSE

To provide the Mississippi State Department of Health, Bureau of Public Water Supply with an official record for data entry in computer databases. The Bureau must receive this form each time a change occurs with a Certified Waterworks Operator's contact information.

### INSTRUCTIONS

This form must be completed by the Certified Waterworks Operator and returned to the Mississippi State Department of Health, Bureau of Public Water Supply.

Time/Date Stamp:

1. For the Mississippi State Department of Health, Bureau of Public Water Supply staff only – Stamp document when received.

Reviewed by

2. For the Mississippi State Department of Health, Bureau of Public Water Supply staff only – Initial document when reviewed.

How do we contact you?

3. Enter name and certification number as it appears on your certificate issued by the Mississippi State Department of Health, Bureau of Public Water Supply.
4. Enter mailing address of the Certified Waterworks Operator, including the City, State and Zip Code.
5. Enter home address and county – Cannot use a P.O. Box number
6. Enter the business number of the Public Water System.
7. Enter an alternative business number of the Public Water System, if any.
8. Enter home number of the Certified Waterworks Operator.
9. Enter fax number of the Certified Waterworks Operator.
10. Enter mobile number of the Public Water System.
11. Enter email address of the Certified Waterworks Operator.

List the Public Water System(s) you work for

12. Enter the Public Water System(s) you are currently working for, the entire 7-digit Public Water System, ID number and the distance from your home address to each Public Water System.

Signature and Date

13. Certified Waterworks Operator to sign name and date when signature was signed.

Submission - 3 options available. Select one (1) method ONLY.

14. Scan/Email to address provided. NOTE: Easy and fast. This is a preferred method.
15. Fax to number provided. NOTE: Often difficult to read.
16. Mail to the address provided. NOTE: Some delay expected.

### OFFICE MECHANICS AND FILING

The Certification Director or designee must scan/e-file under the appropriate auto file naming scheme and place in binder for final storage.

### RETENTION PERIOD

This form must be retained for three (3) years or until audited.