

# Bulk Water Delivery Notification Form

NHDES Drinking Water and Groundwater Bureau  
Env-Dw 304 Emergency Bulk Water Supply for Public Water Systems

*This form is to be filled out by a water system representative and submitted to DES within 2 business days after any bulk water is delivered to customers of a public water system.*

➤ **System Information:**

System Receiving Delivery: \_\_\_\_\_

PWSID #: \_\_\_\_\_ Town: \_\_\_\_\_

Date & Time of Delivery: \_\_\_\_\_

Reason for Delivery: \_\_\_\_\_

➤ **Certified Water System Operator On-Site for Delivery:**

Name of Certified Operator: \_\_\_\_\_ Operator License # \_\_\_\_\_

Contact Information for Certified Operator: \_\_\_\_\_

The operator needs to measure the free chlorine residual in the bulk water before it enters the system. What was the measurement (must be between 0.2 mg/l – 4.0 mg/l)? \_\_\_\_\_

➤ **Bulk Water Information:**

Source of the Bulk Water Being Delivered: \_\_\_\_\_

PWSID# of Bulk Water Source if Water is from a Community Water System: \_\_\_\_\_

Amount of Water Delivered: \_\_\_\_\_

➤ **Bulk Water Provider Information:**

Name of Bulk Water Provider: \_\_\_\_\_

Name of Driver Making the Delivery: \_\_\_\_\_

Contact Information for Delivery Driver: \_\_\_\_\_

➤ **Delivery Information:**

-What type of truck and connection equipment was used?

\_\_\_\_\_

-Describe tank inspections, cleaning and disinfection methods used: \_\_\_\_\_

\_\_\_\_\_

-What measures were taken to ensure there was no contamination entering the drinking water from the tanker, hoses, or connectors, both during tanker fill and delivery to the system? \_\_\_\_\_

\_\_\_\_\_

-Where was the physical connection for the delivery (pressurized hydrant, storage tank fill pipe, pump house tap)? \_\_\_\_\_

\_\_\_\_\_

- If the water was received from a source that is not a CWS, but approved by the DES, attach a copy of the most recent analytical results.

-Does the system anticipate the need for more deliveries? If so, please specify: \_\_\_\_\_

\_\_\_\_\_

-Estimate of when service at the system will return to normal: \_\_\_\_\_

➤ **Signature:**

*The form should be signed by the certified operator representing the public water system.*

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please fax or email this form to the Drinking Water and Groundwater Bureau within two business days after any bulk water is delivered to customers. If it is after hours and the situation involves a major water system emergency that cannot wait until the next business day please contact the NH State Police at 603-223-4381 and ask for the on-call person at DES.***

NHDES Drinking Water and Groundwater Bureau

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