



BULK WATER DELIVERY NOTIFICATION FORM

Water Division/Drinking Water & Groundwater
Bureau (DWGB)/Capacity Development Program



Pursuant to Safe Drinking Water Act (SDWA) Section 1420 (C) and New Hampshire RSA 485:3, XII, and 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 NHDES 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 Water Shortage:

Has the cause of the water shortage been identified? If so, please identify the cause and explain the steps being taken to resolve the problem: _____

Estimate of when the cause of the water shortage will be corrected: _____

Anticipated no. of deliveries/week and total future deliveries due to this issue? _____/wk _____ Tot

Certified Water System Operator On-Site for Delivery:

Name of Certified Operator: _____ Operator License # _____

Contact Information for Certified Operator: _____

Free chlorine residual in the bulk water (*MUST be measured AND be between 0.2 mg/l – 4.0 mg/l*): _____ 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: _____

NHDES DWGB Capacity Development Program
PO Box 95, Concord, NH 03302-0095
(603) 271-2513(phone) (603) 271-5171 (fax)
DWGBInfo@des.nh.gov

www.des.nh.gov

Bulk Water Provider Information:

Name of Bulk Water Provider: _____

Name of Driver Making the Delivery: _____

Contact Information for Delivery Driver: _____

Delivery Information*:

What volume and material of tank and type of connectors and hose were 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, pumphouse tap)? _____

****If the water was received from a source that is not a CWS, but approved by the NHDES, request a copy of the most recent analytical results when ordering the water and attach a copy.***

Signature:

This 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 NHDES.