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: __________________________________________________________
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.