

179 NAC 10 Attachment 1

**APPLICATION TO SERVE AS A LICENSED OPERATOR FOR MORE THAN ONE
NEBRASKA PUBLIC WATER SYSTEM**

The operator or water system taking on responsibilities for more than one water system is required to notify the Department by sending this form to the DHHS, Division of Public Health, P.O. Box 95026, Lincoln, NE 68509-5026. When the agreement terminates, the operator or water system is also required to notify the Department.

System 1 is the system with a current licensed operator.

System 2 is the system requesting to share the licensed operator of System 1.

System 1			
Public Water System Name:			
		Street:	
System Address:	City:	State:	Zip:
System Classification:		System ID Number: NE31-	
Business Phone for Operator:		Cell Phone:	
E-mail Address:		Home Phone:	
Licensed Water Operator(s) and Grade(s):			

System 2			
Public Water System Name:			
		Street:	
System Address:	City:	State:	Zip:
System Classification:		System ID Number: NE31-	
Business Phone for Operator:		Cell Phone:	
E-mail Address:		Home Phone:	
Licensed Water Operator(s) and Grade(s):			

Additional Information:
Distance between the two systems:

Duties to be Performed by the Shared Operator at System 2 Include (check all that apply):	
<input type="checkbox"/>	Taking water samples
<input type="checkbox"/>	Receiving kits from the lab
<input type="checkbox"/>	Receiving results from the lab
<input type="checkbox"/>	Making public notification when required
<input type="checkbox"/>	Maintaining records
<input type="checkbox"/>	Maintaining all correspondence from the Department
<input type="checkbox"/>	Routine maintenance of water system components
<input type="checkbox"/>	Other (please specify):

Sample Kits for System 2 are to be sent to:			
Name:			
Address:	Street:	State:	Zip:
	City:		
E-mail Address:		Home Phone:	
Licensed Water Operator(s) and Grade(s):			

Shared Operator

Signature

Date

Printed or Typed Name

System 1

System 2

Signature

Signature

Title

Title

Printed or Typed Name

Printed or Typed Name

Date

Date