

Please return this card to ADEQ by **June 30, 2018**. If you have any questions, please contact: Mary Kaye Black at 602-771- 4518. In addition, please enter only the changes that need made in the blanks on the back side of this page.

PWS ID. AZ000000X **PWS Name:** SAMPLE DWID

PWS Legal Owners Name: Maria Example

PWS Legal Owners Mailing Address: 123 S. Main Street, PO BOX 123
Arizona City, AZ 85123

PWS Legal Owners Email Address: Your.Name@Your.Address

PWS Legal Owners Phone Numumber: 520-123-4567 **Designated Operator:** John Doe

Number of Service Connections: 394 (connection is the location at a meter, or in the absence of a meter, the curb stop or building inlet.)

Population served: (# of persons regularly served by the water system)

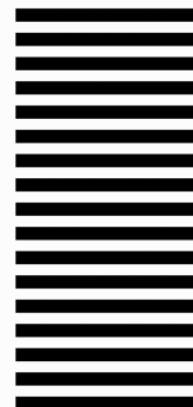
681 Non-residential population or Part time residents (6 to 12 months /Yr.) 312 Full time residents (No. served all yr.)

This Monitoring Assistance Program (MAP) card has been sent to you to assist your system in fulfilling the requirement for all Public Water Systems to update their contact information with MAP annually. This card is used to update our database and complete the MAP annual invoices. Please take the time to fill this card out as accurately as possible to facilitate correct monitoring schedules and invoicing. If your public water system is incorporated or if the owner is another corporation, please list only the corporation name as the "Legal Owner".

ADEQ
Arizona Department
of Environmental Quality
1110 W Washington St.
Phoenix, AZ 85007-9973



NO POSTAGE
NECESSARY
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IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 9961 PHOENIX, AZ

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ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
ATTN: MONITORING ASSISTANCE PROGRAM 5415B
1110 W WASHINGTON ST
PHOENIX AZ 85007-9973



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2019 PUBLIC WATER SYSTEM INFORMATION UPDATE CARD - A.A.C. R 18-4-303(B)

Please enter only information that has changed during the past year. If there are **NO CHANGES** to the data sent to you on the opposite page, simply check the box at the bottom. Before returning, please remember to sign & date at the bottom of the form.

PWS ID. _____ **PWS Name:** _____

PWS Legal Owners Name: _____

PWS Legal Owners Mailing Address: _____

PWS Legal Owners Email Address: _____

PWS Legal Owners Phone Numumber: _____ **Designated Operator:** _____

Number of Service Connections: _____ (connection is the location at a meter, or in the absence of a meter, the curb stop or building inlet.)

Population served: (# of persons regularly served by the water system)

_____ Non-residential population or Part time residents (6 to 12 months / Yr.) _____ Full time residents (No. served all yr.)

Name of person completing this card (*print*):

Title: _____ **Phone:** _____

Signature: _____ **Date:** _____

(Signature is required)

THE INFORMATION PROVIDED TO ME FROM THE ADEQ FILES IS CORRECT