# 2020 SYSTEM Information Form

System Name ___________________________ Water System ID Number ________________

Physical Address _________________________ City __________________ State ___ Zip _______

Mailing Address _________________________ City __________________ State ___ Zip _______

Primary Contact Name ____________________ Position _____________________________

Phone __________________ Fax __________________ Email ___________________________

**System Type:**  
- MDWCA  
- Cooperative  
- W&SD  
- Municipal  
- Private  
- Other  

**Services Provided:**  
- Water  
- Wastewater  
- Solid Waste  
- Other  

**Is your system metered?**  
- Yes  
- No  

**Type of Water Treatment**  
- Principal County Served  

**Current Loans / Grants:**  
- USDA RD  
- NMFA/State  
- NMFA/SRF  
- Other  

**Number of Residential Connections**  
**Number of Non-Residential Connections**  
**Population Served**  

**Water Source(s):**  
- Surface Water  
- Well Water  
- Spring Water  
- Purchased Water  

**Average Residential Water Rate**  
**Average Commercial Water Rate**  

Residential Gallons Water Sold _______ Non-residential Gallons Water Sold _______ Annual Water Revenue _________

Bulk Gallons Sold _______ Age of System _______ Last Major Rehab __________________________

**Minimum Level Water Certification Required to Operate Your System (circle one):**  
- SW  
- SWA  
- 1  
- 2  
- 3  
- 4

**Number of Residential Wastewater Connections**  
**Non-Residential Connections**  
**Population Served**  

Residential Gallons Treated _____ Non-Residential Gallons Treated _____ Annual Sewer Revenue _______________

Age of System _______ Last Major Rehab _______ Primary Wastewater Treatment Technology _______________

**Minimum Level Wastewater Certification Required to Operate Your System:** (circle one)  
- SWW  
- SWWA  
- 1  
- 2  
- 3  
- 4

**Water Operator Name** ___________________________ **Certification Level** ________________

Address _____________________________________ Phone _______________ Email ______________

**Wastewater Operator Name** ___________________________ **Certification Level** ________________

Address _____________________________________ Phone _______________ Email ______________