



New Mexico Rural Water Association

Providing the highest quality training and technical assistance to rural water and wastewater utilities throughout New Mexico, and representing the legislative and regulatory interests of our members

SYSTEM Information Form

System Name: _____ Water System ID: # _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Contact: _____ Position: _____

Phone: _____ Fax: _____ Email: _____

System Type: MDWCA: _____ Cooperative: _____ W&SD: _____ Municipal: _____ Private: _____ Other: _____

Services Provided: Water: _____ Wastewater: _____ Solid Waste: _____ Other: _____

Is your system metered? _____ 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) (circle all that apply): 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

System Type: MDWCA: _____ Cooperative: _____ W&SD: _____ Municipal: _____ Private: _____ Other: _____

Services Provided: Water: _____ Wastewater: _____ Solid Waste: _____ Other: _____

Water Operator Name: _____ Certification Level: _____

Address: _____ Phone: _____ Email: _____

Wastewater Operator Name: _____ Certification Level: _____

Address: _____ Phone: _____ Email: _____