EPA Region 8 – Significant Deficiency Correction Notice

Public Water System Name _____
Public Water System ID# _____
Public Water System Source Type: (circle one) Groundwater Surface Water Mixed

Instructions:
Please use this form to report the correction of sanitary survey significant deficiencies identified during your last sanitary survey. List the individual significant deficiencies and the date of correction below. Pictures of corrections or a brief description of each correction is required. Label all pictures and correlate them to a specific significant deficiency. Include the name of the facility (e.g., well name and number, tank name and number, treatment plant, etc.) if applicable, and the correction date on any documentation you provide.

<u>If a WY DEQ permit was required to make any of the significant deficiency corrections, please include the permit number on the specific correction line below.</u>

Facility	Significant Deficiency	Date Corrected	Photos? [ ] Yes [ ] NA	WYDEQ Permit #

I certify that the information submitted with this report is true and accurate.

_____ _____ ____/___/____
Print Name Signature Date

Corrections described on attached Significant Deficiency Letter ☐
Supportive Documentation Attached ☐

For groundwater systems submit to: Langenfeld.Matthew@epa.gov and to R8DWU@epa.gov
For surface water systems submit to: Crosby.Jake@epa.gov and to R8DWU@epa.gov
Or Fax to: 1-877-876-9101