

**US ENVIRONMENTAL PROTECTION AGENCY,
REGION 8**

**PERMANENT SEASONAL OPERATIONAL CHANGES
TO A PUBLIC WATER SYSTEM**



Mail completed form to:
US Environmental Protection Agency, Region 8
Mail code: 8WD-SDB
1595 Wynkoop Street
Denver, Colorado 80202
Attn: Inventory Team

You may also fax this form to 1-877-876-9101 or e-mail the form to R8DWU@epa.gov.

If you have questions, please contact Angela Mendrala at mendrala.angela@epa.gov, or 1-800-227-8917, ext. 312-6533, directly at 303-312-6533.

This form should be completed and submitted to EPA Region 8 when a Public Water System is making permanent changes to:

SEASON THEY ARE SERVING WATER TO THE PUBLIC

Please submit the completed form **at least 60 days BEFORE a permanent change to the season is made, so that EPA may notify you of any applicable changes to your monitoring or regulatory requirements for the Revised Total Coliform Rule and Surface Water Treatment Rule.** If your opening date is dependent on the snowpack and may fluctuate, please report projected population served/day for the first possible date you have historically opened (use that as your projected opening month.)

Seasonal Information: On average, what months would the system be serving water to the public? (For example, 5/1 to 9/30): _____

Please complete the table below by estimating the number of people water is served. The following indicates the types of people served for use in completing the table.

Resident (R) = A permanent consumer/user. Year-Round residents whose primary residence is served by the water system.

Non-Transient (NT) = A regular consumer/user. Same persons who do not reside permanently but have a regular opportunity to consume/use the water provided by the water system more than 6 months per year. (e.g., students, workers/employees, etc.)

Transient (T) = An individual who consumes/uses the water provided by the water system but is not a permanent or regular consumer/user and consumes/uses for less than 6 months per year. (e.g., visitors, tourists, customers, attendees, etc.)

<u>Number of days</u> each month water is Provided		<u>Number of people served daily</u> based on each population type summarized above		
<i>Month (Days per Month)</i>	<i># of Days</i>	<i>Residents (Set Number)</i>	<i>Non-Transient (Av. #Daily Users)</i>	<i>Transient (Av. #Daily Users)</i>
January (31)				
February (28)				
March (31)				
April (30)				
May (31)				
June (30)				
July (31)				
August (31)				
September (30)				
October (31)				
November (30)				
December (31)				

PWS Name _____ PWS ID _____

CERTIFICATION:

(There can be criminal sanctions for providing false, fictitious, or fraudulent statements or representations to EPA.)

I, the owner or responsible party for the water facility named above, hereby certify that all statements provided above are true and accurate to the best of my knowledge (18 USC § 1001).

Name (please print) Title (please print)

Phone (please print) Email (please print)

Signature Date