

US ENVIRONMENTAL PROTECTION AGENCY, REGION 8 BASIC WATER INFORMATION FORM



Submit form to Region 8 Drinking Water Section B

Email: R8DWU@epa.gov

Mail: US Environmental Protection Agency, Region 8

Mail code: 8WD-SDB

1595 Wynkoop Street

Denver, Colorado 80202

Attn: Inventory Team

Fax: 1-877-876-9101

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

Wyoming Resources:

For Wyoming Systems, the Wyoming Department of Environmental Quality (DEQ) has regulatory and permitting requirements that must be addressed prior to making alterations to public water systems. Please visit [Water Quality Division of WY DEQ](#) for more information or contact Keenan Hendon, Wastewater Section Manager, at 307-777-7075 or by e-mail at keenan.hendon2@wyo.gov.

The WY State Engineer's Office (SEO) has requirements for new, modified or abandoned water sources. Please visit [WY State Engineer's Office Forms](#) for further information.

Please be advised that this document and other sources will be used to determine your status as a Public Water System.

THE FOLLOWING INFORMATION IS REQUIRED FOR YOUR WATER SYSTEM

“Serving water” includes providing individuals with drinks containing water and/or ice prepared with water. It also includes water for bathing, showering, hand washing, teeth brushing, food preparation, and dish washing. Please identify all types of facilities for which the system serves water (e.g., residential, mobile home park, restaurant, campground, resort, factory, industrial, school, medical, etc.):

WATER SYSTEM INFORMATION

Start Up Date: _____

Name of Facility (what you would want us to call your water system): _____

Facility Address: _____

Facility Mailing Address (if different): _____

General Location (Longitude/Latitude, if known): _____

County or Reservation in which Facility is located: _____

CONTACTS (Please include Business contact information below).

Note: If you prefer to use personal contact information, please note that such information is displayed on a publicly accessible portal such as the Region 8 [Drinking Water Watch](#). (If there are additional contacts you would like to add, please include them as an attachment.)

Comments to use of Personal information: _____

Administrative Contact Information (AC) (person who should receive all EPA correspondence)

Name of Administrative Contact: _____

AC Title: _____

Mailing Address: _____

Business Phone #: _____

Business Cell Phone #: _____

Email Address: _____

Owner Information

Facility Owned By: _____

Owner Type (*Bold or circle one*): Federal, State, Local, Tribal Government; District; Corporation; Individual Owner; Other (describe): _____

Owner Title: _____

Business Mailing Address: _____

Business Phone #: _____

Cell Phone #: _____

Email Address: _____

Operator Information

Facility’s Water System Operator: _____

Operator Title: _____

Mailing Address: _____

Business Phone #: _____

Business Cell Phone #: _____

Email Address: _____

SOURCE INFORMATION (Please indicate all your water sources. Where does your drinking water come from?)

Water Source Type	How many?	For Wells Only: Statement of Well Completion # (If available, attach a copy)	FREQUENCY OF USE (Mark One) P-Permanent, I-Intermittent, S-Seasonal, E-Emergency				Are you able to collect a sample directly from each source?
			P	I	S	E	
Well(s)							
Spring(s)							
Stream							
Lake/Reservoir							

(Include names of sources and longitude/latitude of sources, if known, when providing the schematic drawing information, page 5.)

Does your system purchase water from another water system? (circle one): Yes No

If yes, from whom (Name of Water System): _____

If known, EPA Water System ID#: _____

If water is hauled, Water Hauler's Name: _____

Does your System have Collection and Treatment Facilities? (circle one): Yes No

(If yes, please complete the Water System Facilities (WSF) section below.)

TREATMENT

Is raw water (water source) treated before consumption?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what kind(s) of treatment is used (see following and mark as appropriate)?	<input type="checkbox"/> Chlorination <input type="checkbox"/> UV <input type="checkbox"/> Filtration <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Softener <input type="checkbox"/> Other: _____

Please describe below the steps of the treatment process in order from the water source to distribution (For more space, please include them as an attachment.)

WATER SYSTEM FACILITIES (WSF): Please indicate the types and number of water system facilities you have. Please complete a schematic drawing or sketch of your water system, showing the facilities by using the sample template found on page 5.

<input type="checkbox"/> Storage Tank (s)	<input type="checkbox"/> Pressure Tank (s)	<input type="checkbox"/> Ion Exchange
<input type="checkbox"/> UV	<input type="checkbox"/> Pump (s)	<input type="checkbox"/> Cistern
<input type="checkbox"/> Clear Well	<input type="checkbox"/> Intake	<input type="checkbox"/> Infiltration Gallery
<input type="checkbox"/> Other (describe): _____		

SERVICE CONNECTIONS

A pipe or constructed conveyance for human consumption which includes drinking, bathing, and cooking, or handwashing. (Ex. metered multi-family dwelling units, single family homes, camp spigots, commercial buildings, mobile home trailers, etc.)

How many **service connections** do you have? _____

POPULATION

Does the system serve water to the public year-round (operate all year)? Yes No

What months are the system open to the public? Please list all months that water is served to the public. (i.e., 5/1 to 9/30, include all periods of operation):

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, 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, seasonal employees, 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</i>	<i># of Days</i>	<i>Residents</i> (Set Number)	<i>Non-Transient</i> (Av. #Daily Users)	<i>Transient</i> (Av. #Daily Users)
January (31)				
February (28)				
March (31)				
April (30)				
May (31)				

June (30)				
July (31)				
August (31)				
September (30)				
October (31)				
November (30)				
December (31)				

ADDITIONAL COMMENTS ABOUT YOUR WATER SYSTEM:

SCHEMATIC, NOT TO SCALE, OF YOUR WATER SYSTEM

Include a schematic, diagram or sketch depicting the flow from each source to the distribution. Please provide names or label all facilities (wells, storage tanks, treatment plants, etc.)

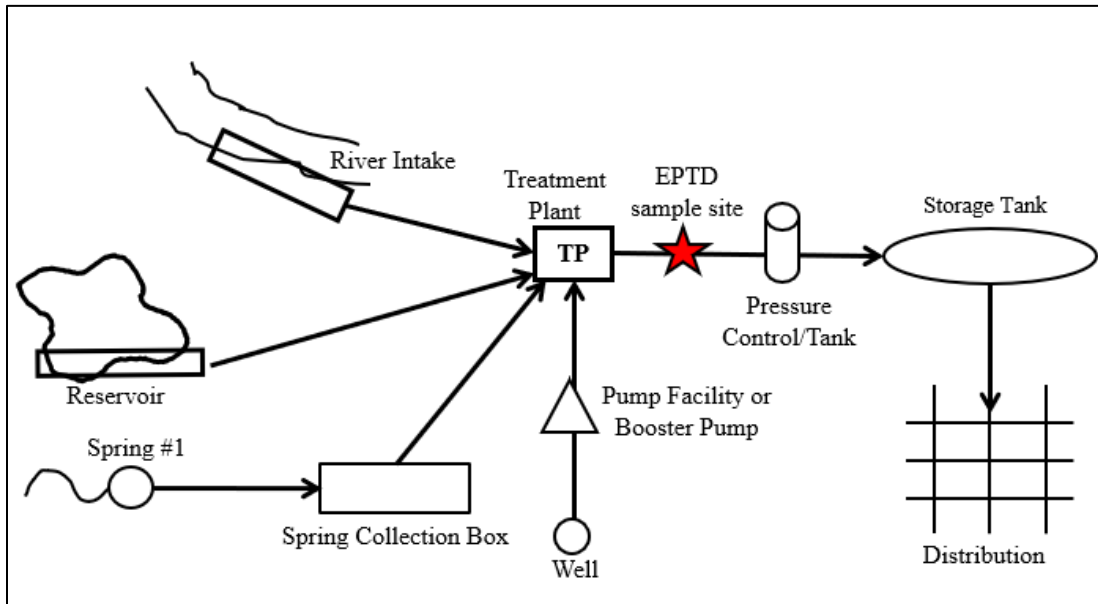
Indicate all applicable entry point sample sites.

Entry Point to the Distribution (EPTD) sample sites are places (faucet, spigot, access point) samples can be collected from. The site must be after treatment (if any), but before it reaches the distribution.

Do you have a Statement of Completion and/or Well Log for your source water? Yes No

Please include the Statement of Completion for all wells, if available.

Example Schematic (not to scale)



Source	Name (If known)	Longitude	Latitude	Statement of Completion or Well Log (Wells only)
Well #1				
Well #2				
Well #3				
Well #4				
Spring #1				
Stream				
Lake/Reservoir				
Collection Box				
Pump Facility				
Pressure Tank				
Storage Tank				
Treatment Plant				

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