

US ENVIRONMENTAL PROTECTION AGENCY, REGION 8 WATER SYSTEM INFORMATION CHANGE 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.

WATER SYSTEM INFORMATION

EPA Water System ID (PWS ID):	
Name of Water System:	
County or Reservation in which the Facility is located:	
List of System Changes:	

CONTACTS CHANGES

(List names of individual (s) and enter full contact info below. For additional space, please include as an attachment.)

Note: If you prefer to use personal contact information, please note that such information can be displayed on a publicly accessible portal such as the Region 8 Drinking Water Watch.

List of Name(s)	Make Changes	Add Individual	Remove Individual	Reason for Change (retired, no longer with company, etc.)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<hr/>				
Name/Title:				
Business Mailing Address:				
Business Phone Number:				
Business Cell/Mobile Number:				
Email Address:				
Contact Type (See Below):				
<hr/>				
Name/Title:				
Business Mailing Address:				
Business Phone Number:				
Business Cell/Mobile Number:				
Email Address:				
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Business Mailing Address:				
Business Phone Number:				
Business Cell/Mobile Number:				
Email Address:				
Contact Type (See Below):				
<hr/>				
Name/Title:				
Business Mailing Address:				
Business Phone Number:				
Business Cell/Mobile Number:				
Email Address:				
Contact Type (See Below):				

Contact Type Definitions:

AC – Administrative Contact: Person who should receive all EPA correspondence.

DO – Designated Operator in Charge: Primary operator.

OP – Operator: An operator at the Public Water System.

OW – Owner: Owns the Public Water System.

LC – Legal Contact: A person who oversees the Public Water System (Mayor, CEO, Administrator, etc.)

EC – Emergency Contact: Person to contact in case of an emergency.

CN – Additional AC or other primary contact.

ABOUT WATER SYSTEM

Please identify all types of entities for which the system serves water (*e.g. residential, mobile home park, restaurant, campground, resort, factory, school, day care, medical facility, etc.*):

CHANGES IN WATER SOURCE

Please include labeled photos of the Disconnected, Capped, or Filled Source. For a new source, include Statement of Completion (wells only). If a well has been capped/plugged/filled, include a copy of the Wyoming DEQ permit (if applicable). Also, mark up the water system’s current schematic drawing and include it with the form. (For additional space, please include as an attachment.)

Water Source Type (Well, Spring, etc.)	Add or Remove	Effective Date of Changes	Water Source ID and Name (WL01, WL02, SPR01, etc.)	Reasons for Change (Capped, Removed, Disconnected)	Are you able to collect a sample directly from each source?

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

WATER PURCHASER CHANGES

Does your system purchase water from another water system? 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? Yes No

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

If you have tenants/renters/visitors/etc., do they pay for water usage? Yes No

If yes, please explain how the users are being charged for water. If water is billed, please attach a sample of a billing statement:

TREATMENT CHANGES

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

Have changes been made to your water treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has treatment been added or removed?	<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: _____

WATER SYSTEM FACILITY CHANGE (WSF)

Please indicate what changes were made (e.g. *demolished old storage tank replaced with new, water service area expanded more than 500 feet, etc.*). Also, provide an updated schematic drawing.

SERVICE CONNECTION CHANGES

Complete only if there are changes, if none, indicate such.

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

Reason for changes (if any): _____

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): _____

POPULATION CHANGES

Please complete the table below, only if there are changes in your population, by estimating the number of people water is served. The following indicates the types of people served for use in completing column three.

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</i>	<i># of Days</i>	<i>Resident</i> (Set Number)	<i>Non-Transient</i> (Avg. #Daily Users)	<i>Transient</i> (Avg. #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

Please note that if you are a wholesaler who has absorbed a new consecutive water system, you will need to complete the [Region 8 Basic Information Form](#). If you are a currently regulated water system that is now purchasing water from a wholesaler, please ensure pages 3 and 4 of this form are complete before submitting.

SCHEMATIC REVISION

Please update your current system schematic showing the changes as indicated in this form. Current schematic can be obtained from the [Drinking Water Watch](#) portal. Enter with your PWS # and click the ‘Water System Facilities and Schematics’ link on the top left panel.

If applicable, please complete the table below listing new sources and water system facilities. For well sources only, please attach the Statement of Completion and/or Well Log, if available. Once changes are made on your current schematic drawing, please sign where indicated and return along with this form. (For additional space, please include them as an attachment.)

Source	Name (If known)	Longitude	Latitude	Statement of Completion No. and/or Well Log (Wells only)
Well #1				
Well #2				
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