

NOTIFICATION TO EPA REGION 8 OF CHANGES TO A PUBLIC WATER SYSTEM

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

- SOURCE
- TREATMENT
- WATER SYSTEM FACILITIES (WSF)
- MANAGEMENT

Please submit the completed form and indicated attachments (marked up schematics, etc.) *at least 90 days BEFORE the change is to be made to SOURCE AND TREATMENT, so that EPA may notify you of any changes to your monitoring or regulatory requirements.* Also, submit changes to WSF and management as soon as possible in order for EPA to update system inventory.

This form should be submitted to:

EPA Region 8
Mail Code: 8P-W-DW
1595 Wynkoop Street
Denver, CO 80202-1129
Attn: Sarah Bahrman

CHANGES TO SOURCE

(1) NEW

Describe and mark up your current schematic to show these new source(s) in relation to existing system – esp. show where this water enters the system (is it combined with other sources before treatment, or is there a separate entry point into the system, etc.):

- **SURFACE WATER SOURCE(S) – Circle/Fill in as Appropriate**

(A) Stream/River or Reservoir/Lake/Pond: Name _____

(B) Date to be Online _____

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(B) Date to be Online _____

PWS Name _____ PWS ID _____

• **GROUNDWATER SOURCE(S) – Circle/Fill in as Appropriate**

- (A) Well or Spring or Infiltration Gallery: Name _____
- (B) Date to be Online _____

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- (B) Date to be Online _____

(C) Please fill out the Groundwater Under the Direct Influence of Surface Water Assessment to the best of your ability, and attach to this form, for each new well, spring, or infiltration gallery. Blank forms are located at:
<http://www.epa.gov/region8/waterops/reporting/forms.html#chg> under the Changes to Public Water Systems (CHG) header.

(D) If a well log is available for a new source, please attach to this form.

(2) ABANDONED

Briefly describe mode of abandonment (back filled with bentonite mud, concrete, dirt, etc. and mark up your current schematic to show these removed/abandoned source(s):

- (A) Source Name _____
- (B) Source Facility Name on your schematic (e.g. WL01, IN01) _____
- (C) Date Abandoned _____

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CHANGES TO TREATMENT

DISINFECTION, FILTRATION, CORROSION CONTROL, etc.

Please mark up your current schematic to show where the new or changed treatment will be located.

Treatment Change Description _____

PWS Name _____ PWS ID _____

Date Change is in Effect _____

CHANGES TO WATER SYSTEM FACILITY

STORAGE, BOOSTER STATION, TRANSMISSION LINE, etc.

Please mark up your current schematic to show where the new or changed WSF is located.

WSF Change Description _____

Date Change is in Effect _____

CHANGES TO MANAGEMENT

NEW UTILITY DIRECTOR, CERTIFIED/UNCERTIFIED OPERATORS, etc.

Management Change Description _____

Date Change is in Effect _____

This form was filled out by: _____ Date: _____

Title: _____

Email _____ Telephone _____

Fax _____