

A high-speed photograph of water splashing, creating a dynamic and textured background. The water droplets are frozen in time, showing intricate patterns and reflections. The overall color palette is a mix of light blues, whites, and greens, giving it a fresh and clean appearance.

PUBLIC WATER SYSTEM INVENTORY: Change Form Guidance

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The views expressed in this presentation are those of the author(s) and do not necessarily reflect the views or policies of the U.S. Environmental Protection Agency.

The following system changes require a completed Change Form:

- Staff/contact updates.
- New facility (source, treatment, etc.).
- Population changes.
- Facility closure.
- System season change.
- System closure.

The Inventory team will not make any changes without a completed Change Form and may contact you with further questions.



When is this Form
Required?

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](#).

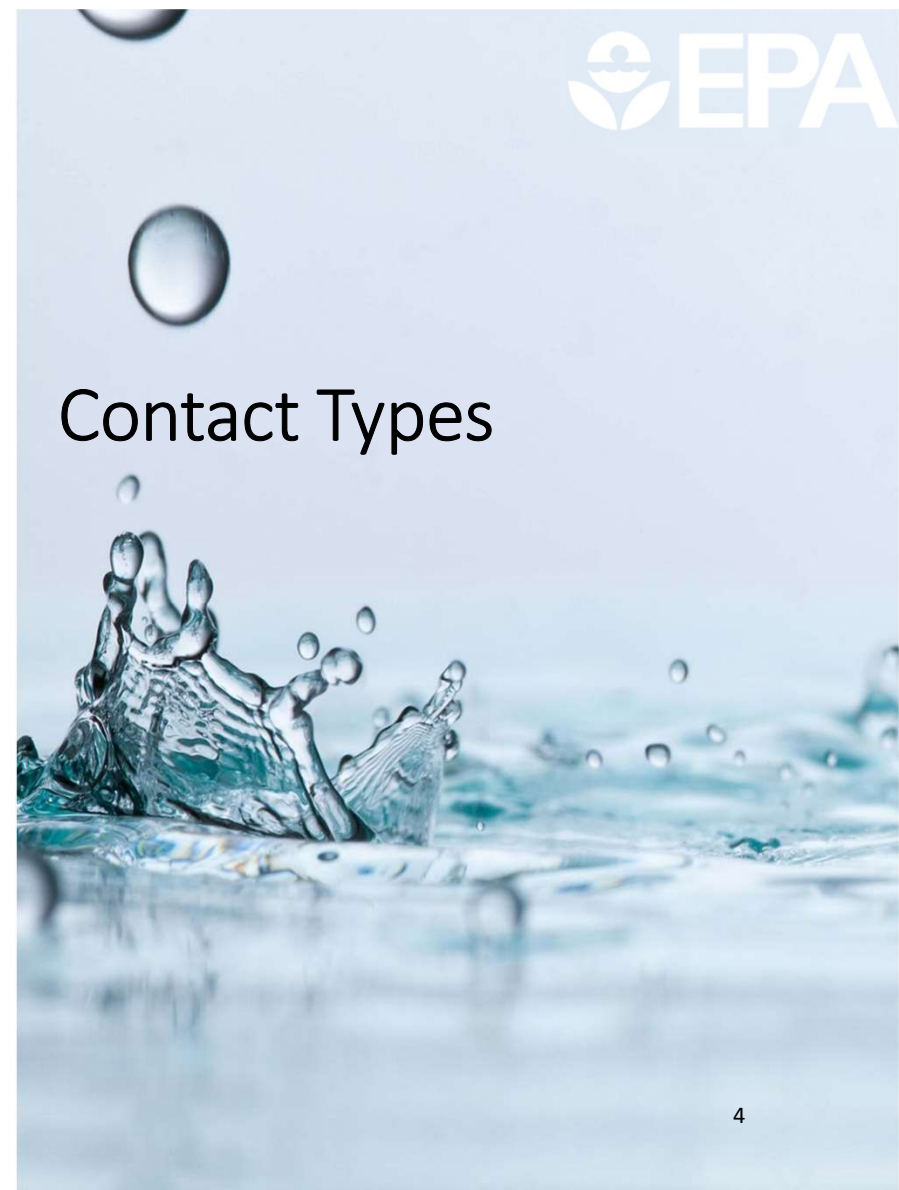
List of Name(s)	Make Changes	Add Individual	Remove Individual	Reason for Change (retired, no longer with company, etc.)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Name/Title:	
Business Mailing Address:	
Business Phone Number:	
Business Cell/Mobile Number:	
Email Address:	
Contact Type (See Below):	

Page 2: Contact Changes

- 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.*

*These contacts can sign any Change Form.



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?



Page 3: Changes in Water Source



When denoting a facility has been disconnected on your Change Form, please submit a picture showing that the connection has been capped.



If this is not possible, please send a picture of the abandoned facility.



Removing a Water Source – Physical Disconnection



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:



Page 3: Water Purchaser Changes

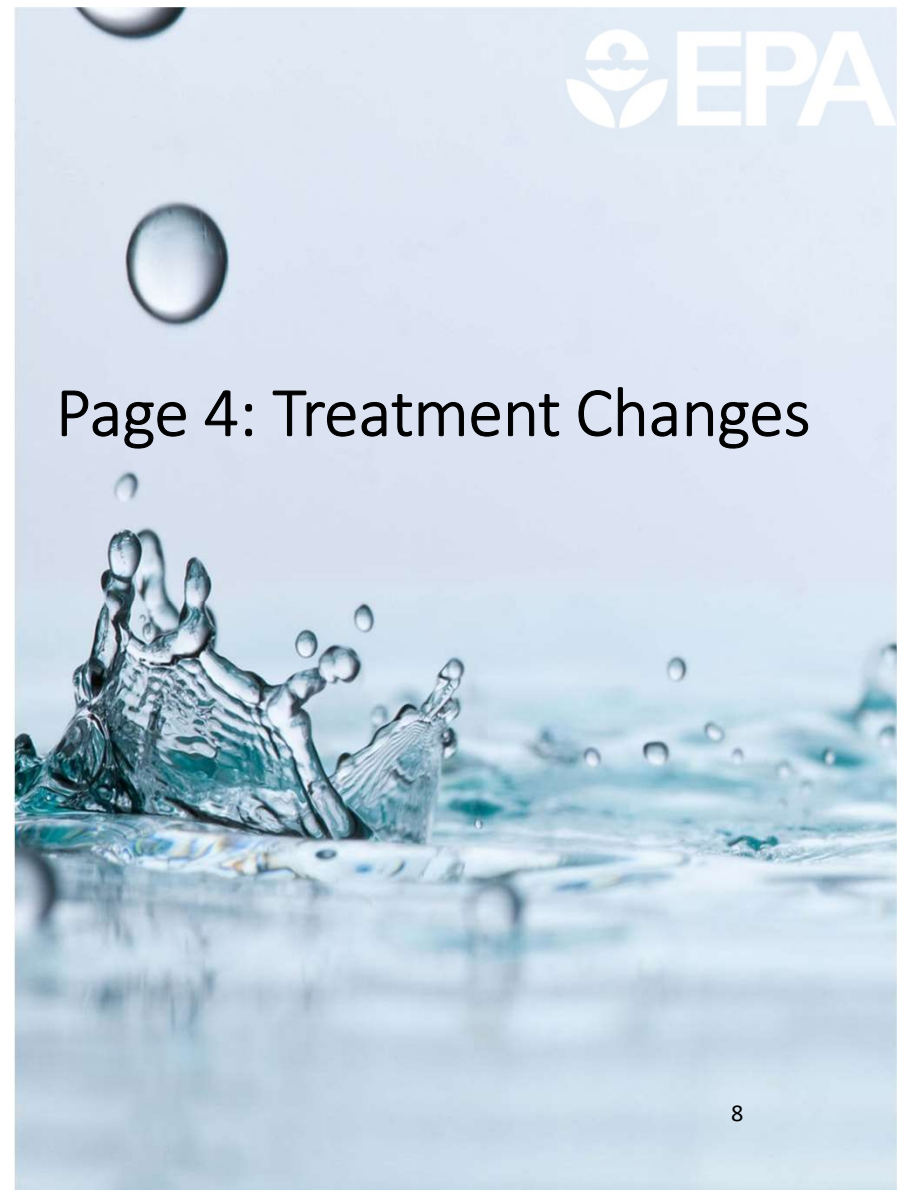
TREATMENT CHANGES

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:	



Page 4: Treatment Changes



Page 4: Water System Facility Changes



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.

Page 4: Service Connection Changes

SERVICE CONNECTION CHANGES

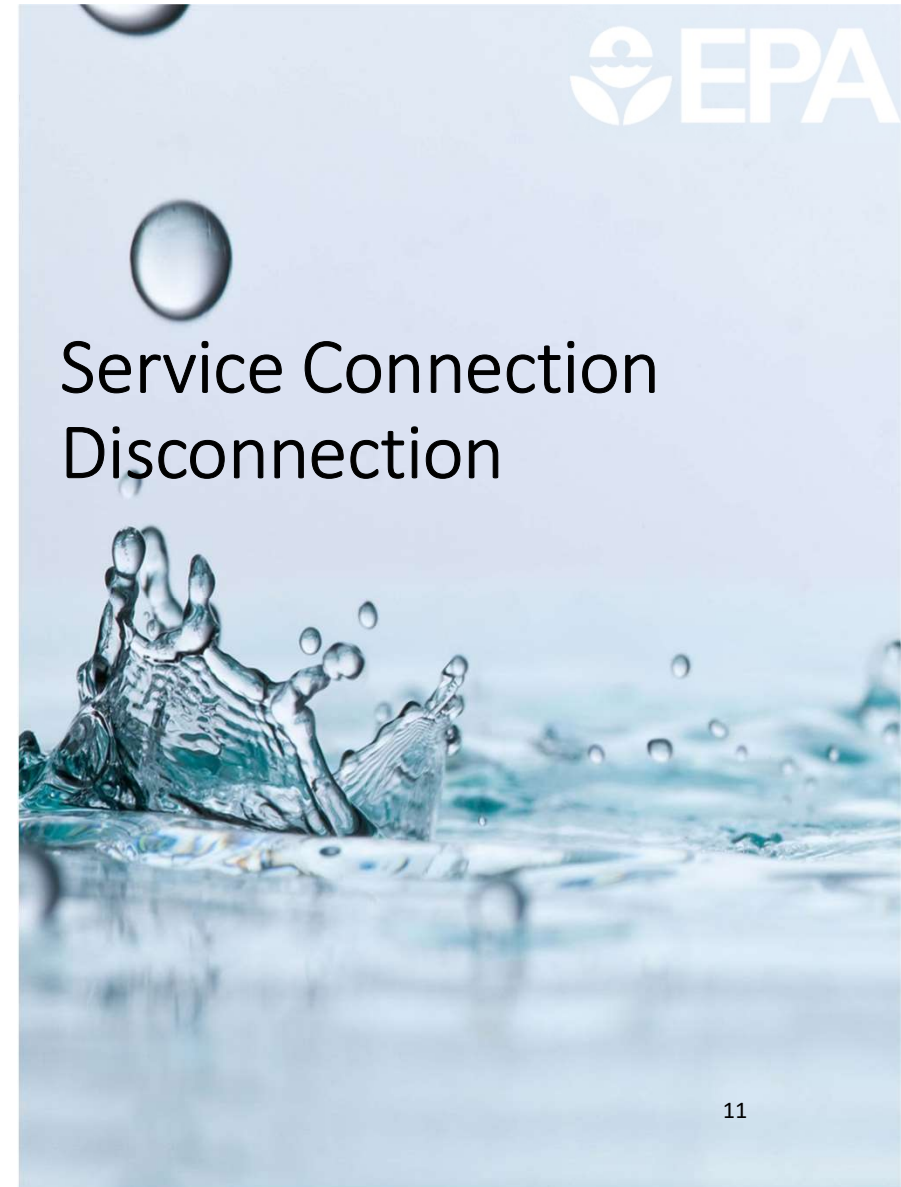
Complete only if there are changes, if none, indicate such.

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

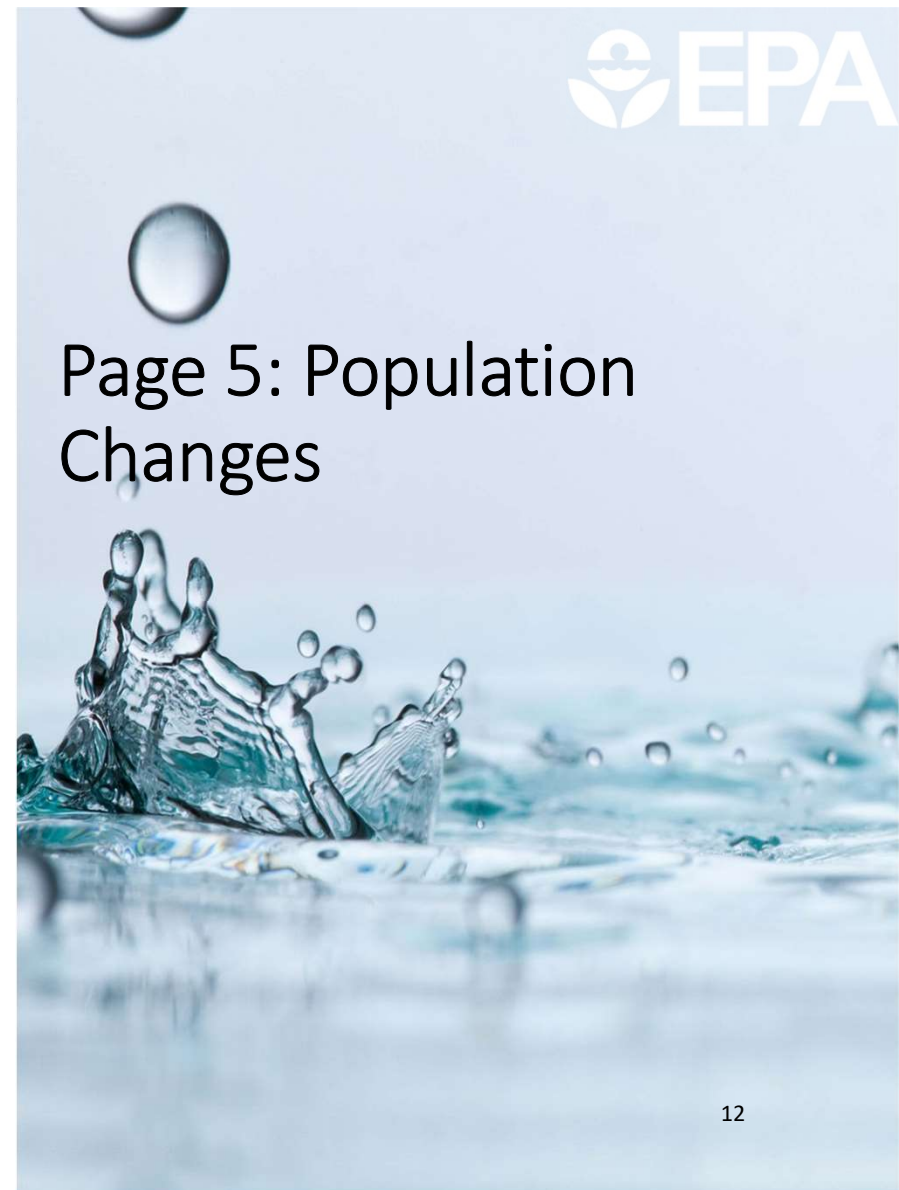
Reason for changes (if any):

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

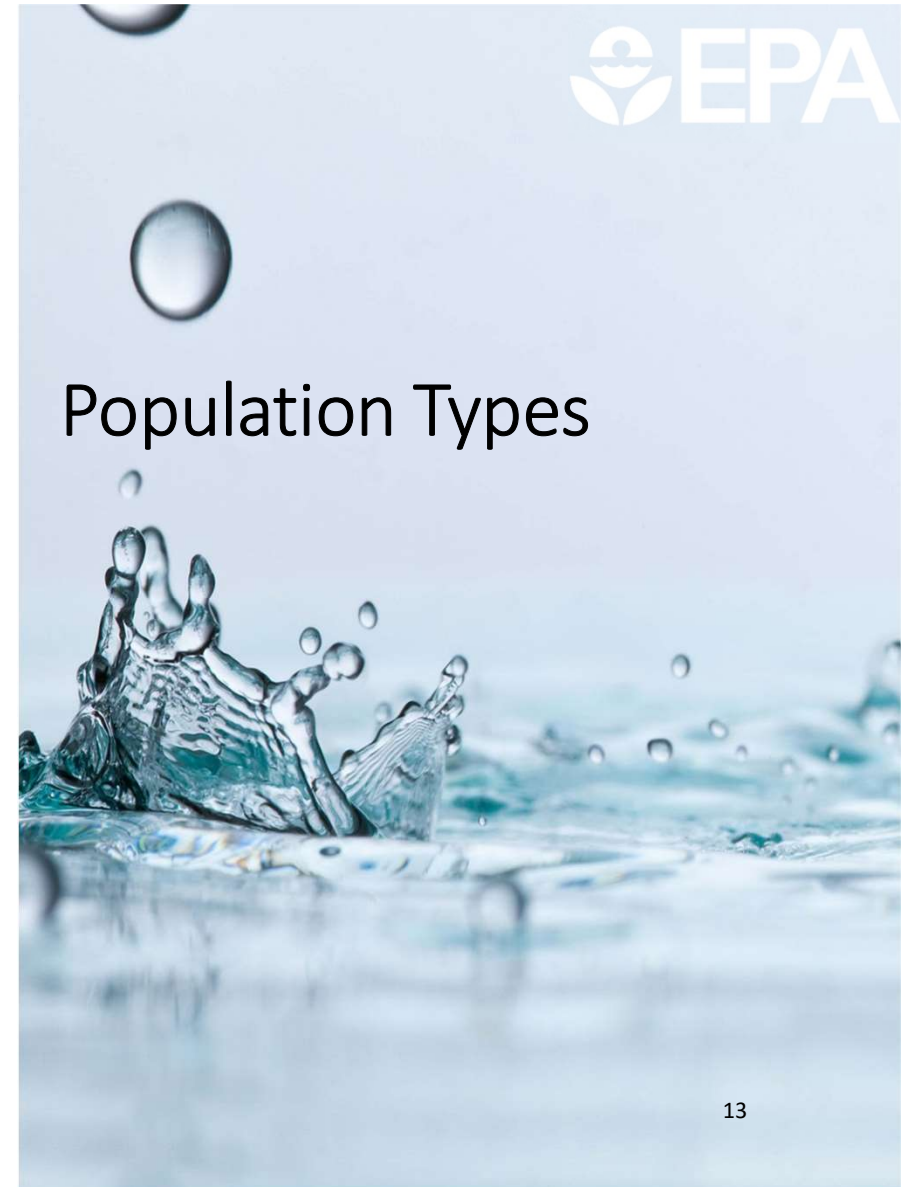
What months are the system open to the public? Please list all months that water is served to the public. (i.e., 5/1 to 9/30, include all periods of operation):



<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)				



- Resident (R) – A permanent consumer/user. Year-round residents whose primary residence is served by the water system.
- Non-Transient (NT) – A regular customer/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, seasonal 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.).



- If your Residential population is 25 or greater, your system will become a Community system (i.e., homes, apartments, condos).
- If your Residential population is below 25, but your Non-Transient population is 25 or greater for more than six months of the year, your system will become a Non-Transient Non-Community system (i.e., school, daycare, mine, power plant).
- If your Residential and Non-Transient populations are below 25, but your Transient population is 25 or greater for fewer than six months of the year, your system will become a Transient Non-Community system (i.e., campground, dude ranch, rest area, restaurant, truck stop).



When Does the System Type Change?



- **Community**

- Total Coliform.
- Nitrate/Nitrite.
- IOCs/SOCs/VOCs.
- Radionuclides.
- Lead and Copper.
- Disinfection Byproducts.

- **Non-Transient Non-Community**

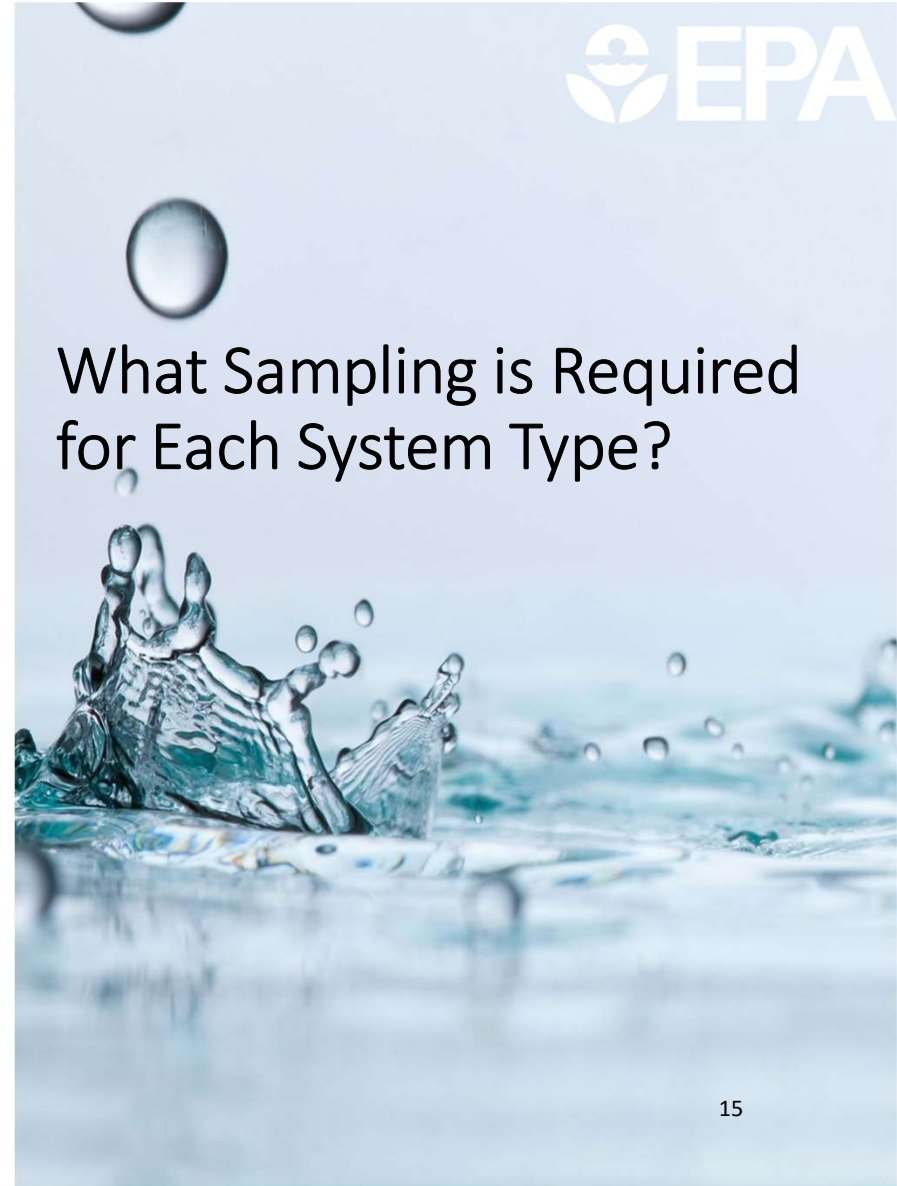
- Total Coliform.
- Nitrate/Nitrite.
- IOCs/SOCs/VOCs.
- Lead and Copper.
- Disinfection Byproducts.

- **Transient Non-Community**

- Total Coliform.
- Nitrate/Nitrite.



What Sampling is Required
for Each System Type?



Page 6: Schematic Revision

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)

Phone (please print)

Signature

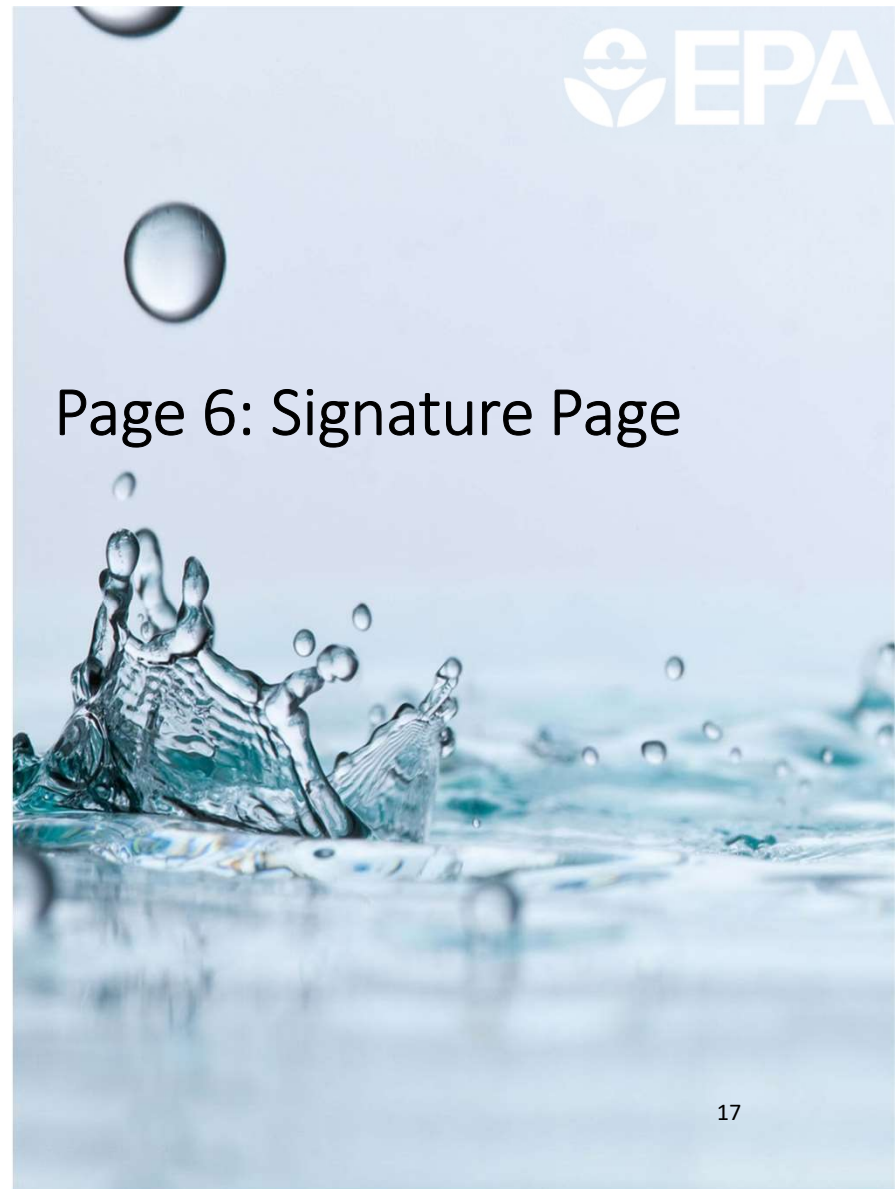
Title (please print)

Email (please print)

Date



Page 6: Signature Page



- Change Form:
<https://www.epa.gov/region8-waterops/epa-r8-public-water-system-inventory-change-form>



Thank you!

Region 8 Inventory Team

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