

U.S. ENVIRONMENTAL PROTECTION AGENCY, REGION 8

BASIC WATER INFORMATION FORM



Submit form to Region 8 Drinking Water Partnerships & Data Section

Email: R8DWU@epa.gov

Mail: U.S. Environmental Protection Agency, Region 8

Mail code: 8WD-SDP

1595 Wynkoop Street

Denver, Colorado 80202

Attn: Inventory Team

Fax: 303-312-7517

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

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 \(https://deq.wyoming.gov/water-quality/\)](https://deq.wyoming.gov/water-quality/) for more information or contact Keenan Hendon, Water and Wastewater Section Manager, at 307-777-7075 or by e-mail at keenan.hendon2@wyo.gov.

The Wyoming State Engineer's Office (SEO) has requirements for new, modified or abandoned water sources. Please visit [WY State Engineer's Office Forms \(https://seo.wyo.gov/ground-water/applications-and-forms\)](https://seo.wyo.gov/ground-water/applications-and-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.

Please provide the following information for your water system.

Does the system provide water to people? Yes No

Note: This includes providing water to people for drinking, bathing, showering, hand washing, tooth brushing, food preparation, or dishwashing. If water is used to make ice for any beverage served to people or to prepare a beverage, such as coffee or tea, that is served to people, this is included as part of providing water to people for drinking.

If your answer to this question is no, you do not need to complete the rest of this form. Please sign and submit the form to let us know that you do not provide water to people.

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

Date System began or will begin providing water: _____

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

System Address: _____

System Mailing Address (if different): _____

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

County or Reservation in which System is located: _____

CONTACTS (Please include Business contact information below).

Note: If you prefer to use personal contact information, please note that any contact 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 on 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

System 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 #: _____
 Business Cell Phone #: _____
 Email Address: _____

Operator Information

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 6.)

Does a separate system provide water for your system’s use? (check 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: _____

Do you sell/provide water to your users? Methods can include, but are not limited to, a lease/rent agreement, maintenance fees, etc. (check one):

Yes No
 Other, please describe: _____

Does your System treat its water? (check one): Yes No

(If yes, and if your system purchases water, does your system treat any purchased water after the master meter?)

Yes No

SERVICE CONNECTIONS

A Service Connection is a connection to the system that delivers water. (Ex. metered multi-family dwelling units, single-family homes, camp spigots, commercial buildings, mobile home trailers, etc., making water available for drinking, bathing, cooking, or handwashing.)

How many **service connections** do you have? Please count all _____ connections, whether in use or not, as long as they have not been permanently severed (capped at both ends).

POPULATION

Does the system provide water to people year-round (operate all year)? Yes No

If you answered no to this question, list each time period (e.g., 5/15 through 9/15) in which the system provides water to people to include employees, public users, and residents. See the population page for additional information.

Please complete the table below by giving your best estimate of the number of people to whom the system provides water. The following indicates the population types for use in completing the table.

Resident = A year-round resident whose residence is served by the system.

Non-Transient (Non-Resident Using on a Consistent Basis) = A person who is not a year-round resident but is provided water regularly for greater than 6 months per year. (*e.g., students, employees, etc.*)

Transient (Non-Resident Using on a Varying Basis) = A person to whom the system provides water for fewer than 6 months per year. (*e.g., visitors, seasonal employees, attendees, etc.*)

*Please note that the words “Non-Transient” and “Transient” come from the U.S. EPA’s regulatory language and do not imply that these are persons experiencing homelessness.

<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 Water is provided to People</i>	<i>Residents</i> <i>(Year-Round Residents)</i>	<i>Non-Resident using on a Consistent Basis</i> <i>(Av. #Daily Users)*</i>	<i>Non-Resident using on a Varying Basis</i> <i>(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)				

* Indicate if these are the same people from month to month.

Note: This information will help us determine whether your system is a community water system, a non-transient non-community water system, or a transient non-community water system. These terms are defined in 40 Code of Federal Regulations § 141.2. Monitoring requirements vary according to the type of system.

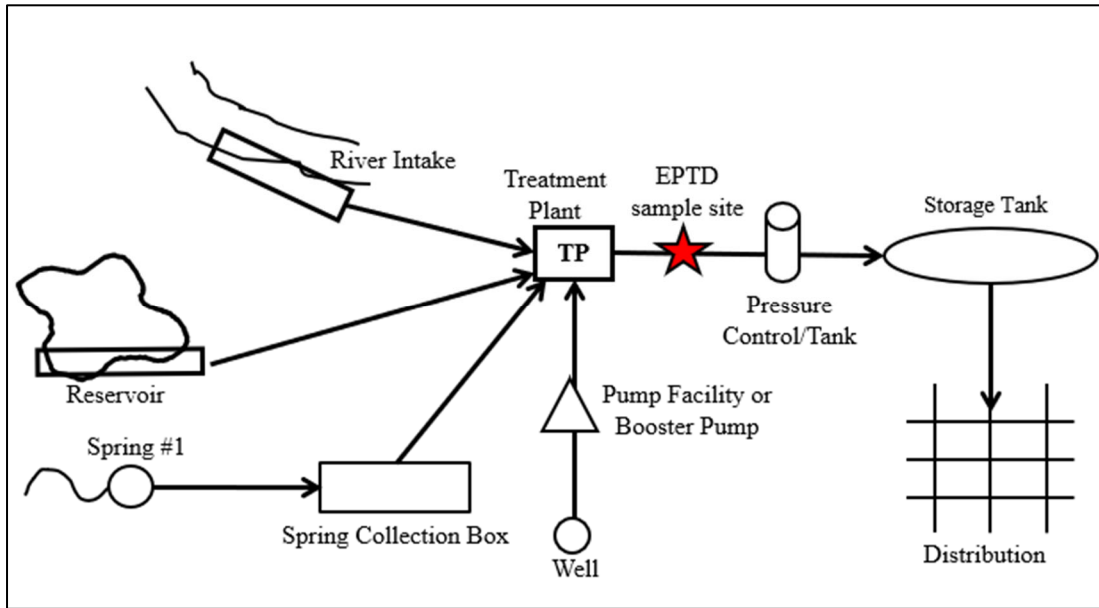
ADDITIONAL COMMENTS ABOUT YOUR WATER SYSTEM:

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.

Example Schematic (not to scale)



If applicable, please explain which components are present at your system. Examples may include Well(s), Storage Tank(s), Pressure Tank(s), Pump(s), Treatment Plant(s), etc. See below for additional examples.

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.

Please complete the table below with any Water System Facilities information, if known.

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 the 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. I am aware there can be criminal sanctions for knowingly or willfully providing materially false, fictitious, or fraudulent statements or representations to the EPA.

Name

Title

Phone

Email

Signature

Date