**WATER SYSTEM INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EPA Water System ID: | |  | | |
| Name of Facility: |  | | |  |
| County or Reservation in which Facility is located: | | |  | |

***Note: Any personal contact information could be displayed on a publicly accessible portal such as the Region 8*** [***Drinking Water Watch***](https://www.epa.gov/region8-waterops/drinking-water-watch-epa-region-8)***.***

**CONTACT CHANGES** (If there are additional contacts you would like to add, please include them as an attachment.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Add following individual(s)** (List of Name(s)) | **Make Changes to following Individual(s)**  (List of Name(s)) | **Remove following individual(s)** (List of Name(s)) | **Reason for Change**  (Retired, No Longer with Company, etc.) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

**Contact Type Definitions:**

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

CN – Additional AC or other primary contact.

OW – Owner: Owns the Public Water System.

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

DO – Designated Operator in Charge: Primary operator for the Public Water System.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |

**Submit form to Region 8 Drinking Water Partnerships & Data Section**

Email: [R8DWU@epa.gov](mailto: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