

U.S. ENVIRONMENTAL PROTECTION AGENCY, REGION 8 WATER SYSTEM INFORMATION CHANGE FORM



Submit form to Region 8 Drinking Water Partnerships and 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.

Please only complete sections which you are changing; others can be left blank.

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 Wyoming 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:	

CONTACT 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 is displayed on a publicly accessible portal such as the Region 8 [Drinking Water Watch](#).

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:	
Business Cell/Mobile Number:	
Email Address:	
Contact Type (See Below):	
Name/Title:	
Business Mailing Address:	
Business Phone Number:	
Business Cell/Mobile Number:	
Email Address:	
Contact Type (See Below):	
Name/Title:	
Business Mailing Address:	
Business Phone Number:	
Business Cell/Mobile Number:	
Email Address:	
Contact Type (See Below):	
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 6.)

WATER PURCHASER CHANGES

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 have Collection and Treatment Facilities?

Yes No

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

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?	Yes	No
Has treatment been added or removed?	Added	Removed
If yes, what kind(s) of treatment is used (see following and mark as appropriate)?	<input type="checkbox"/> Chlorination <input type="checkbox"/> Filtration <input type="checkbox"/> Softener <input type="checkbox"/> Other: _____	<input type="checkbox"/> UV <input type="checkbox"/> Ion Exchange
Effective Date of 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.

SERVICE CONNECTION CHANGES

Complete only if there are changes. If none, indicate such. **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 currently have? Please count all connections, whether in use or not, as long as they have not been permanently severed (capped at both ends). _____

Reason for changes (if any): _____

POPULATION CHANGES

Does the system serve 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, only if there are changes in your population, 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.

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.

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.

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 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