

# US ENVIRONMENTAL PROTECTION AGENCY, REGION 8 BASIC WATER INFORMATION FORM



Mail completed form to:  
US Environmental Protection Agency, Region 8  
Mail code: 8WD-SDB  
1595 Wynkoop Street  
Denver, Colorado 80202  
Attn: Inventory Team

You may also fax this form to 1-877-876-9101 or e-mail the form to [R8DWU@epa.gov](mailto:R8DWU@epa.gov).

If you have questions, please contact Bolor Bertelmann at [bertelmann.bolor@epa.gov](mailto:bertelmann.bolor@epa.gov), or 1-800-227-8917, ext. 312-6322, directly at 303-312-6322.

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 contact the Water Quality Division of WY DEQ for more information. Their website is <http://deq.wyoming.gov/wqd> or contact Richard R. Cripe, Water/Wastewater Section Manager, at 307-777-7075 or by e-mail at [rich.cripe@wyo.gov](mailto:rich.cripe@wyo.gov).

The WY State Engineer's Office (SEO) has requirements for new, modified or abandoned water sources. Please visit <http://seo.wyo.gov/applications-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.**

**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.*):

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**WATER SYSTEM INFORMATION**

Start Up Date: \_\_\_\_\_

Name of Facility (what you would want us to call your water system): \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Mailing Address (if different): \_\_\_\_\_

General Location (Longitude/Latitude, if known): \_\_\_\_\_

County or Reservation in which Facility is located: \_\_\_\_\_

**CONTACTS** (Please include both a Business Telephone Number and a Mobile Phone Number on the Telephone lines below. Please ensure that the address provided is the primary business mailing address. (If there are additional contacts you would like to add, please include them as an attachment.)

**Administrative Contact Information** (person who should receive all EPA correspondence)

Name of Administrative Contact: \_\_\_\_\_

Administrative Contact Title: \_\_\_\_\_

Administrative Contact Address: \_\_\_\_\_

Administrative Contact Telephone #: \_\_\_\_\_

Administrative Contact Email Address: \_\_\_\_\_

**Owner Information**

Facility Owned By: \_\_\_\_\_

Owner Type (*Bold or circle one*): Federal, State, Local, Tribal Government; District; Corporation;  
Individual Owner; Other (describe): \_\_\_\_\_

Owner Title: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Telephone: \_\_\_\_\_

Owner Email Address: \_\_\_\_\_

**Operator Information**

Facility’s Water System Operator: \_\_\_\_\_

Operator Title: \_\_\_\_\_

Operator Mailing Address: \_\_\_\_\_

Operator Telephone #: \_\_\_\_\_

Operator 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 5.)

**Does your system purchase water from another water system? (circle 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: \_\_\_\_\_

**Does your System have Collection and Treatment Facilities? (circle one):** 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? (circle one):** 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:

\_\_\_\_\_

\_\_\_\_\_

**TREATMENT**

**Is raw water (water source) treated before consumption? (circle one):** Yes      No

If yes, what kind of treatment(s) are used (select all that apply)?

- Chlorination     UV     Filtration     Ion Exchange     Softener

Other (Please Describe): \_\_\_\_\_

Please describe below the steps of the treatment process in order from the water source to distribution (For more space, please include them as an attachment.)

\_\_\_\_\_

\_\_\_\_\_

**WATER SYSTEM FACILITIES (WSF):** Please indicate the types and number of water system facilities you have.

Storage Tanks \_\_\_\_\_ Pressure Tanks \_\_\_\_\_ Pumps \_\_\_\_\_ Cistern \_\_\_\_\_ Clear Well \_\_\_\_\_  
 Intake \_\_\_\_\_ Infiltration Gallery \_\_\_\_\_ Other (describe): \_\_\_\_\_

(Please complete a schematic drawing of your water system, showing the facilities by using the sample template found on page 5 of this form.)

**SERVICE CONNECTIONS** (Lines, Homes, Etc., Connected to Water System)

How many **service connections** do you have? \_\_\_\_\_

**POPULATION**

**Seasonal Information:** On average, what months would the system be serving water to the public?  
 (For example, 5/1 to 9/30) \_\_\_\_\_

**Please complete the table below** by estimating the number of people water is served. The following indicates the types of people served for use in completing the table.

**Resident (R)** = A permanent consumer/user. Year-Round residents whose primary residence is served by the water system.

**Non-Transient (NT)** = A regular consumer/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, 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.*)

<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 (Days per Month)</i>	<i># of Days</i>	<i>Residents (Set Number)</i>	<i>Non-Transient (Av. #Daily Users)</i>	<i>Transient (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)				

**ADDITIONAL COMMENTS ABOUT YOUR WATER SYSTEM:**

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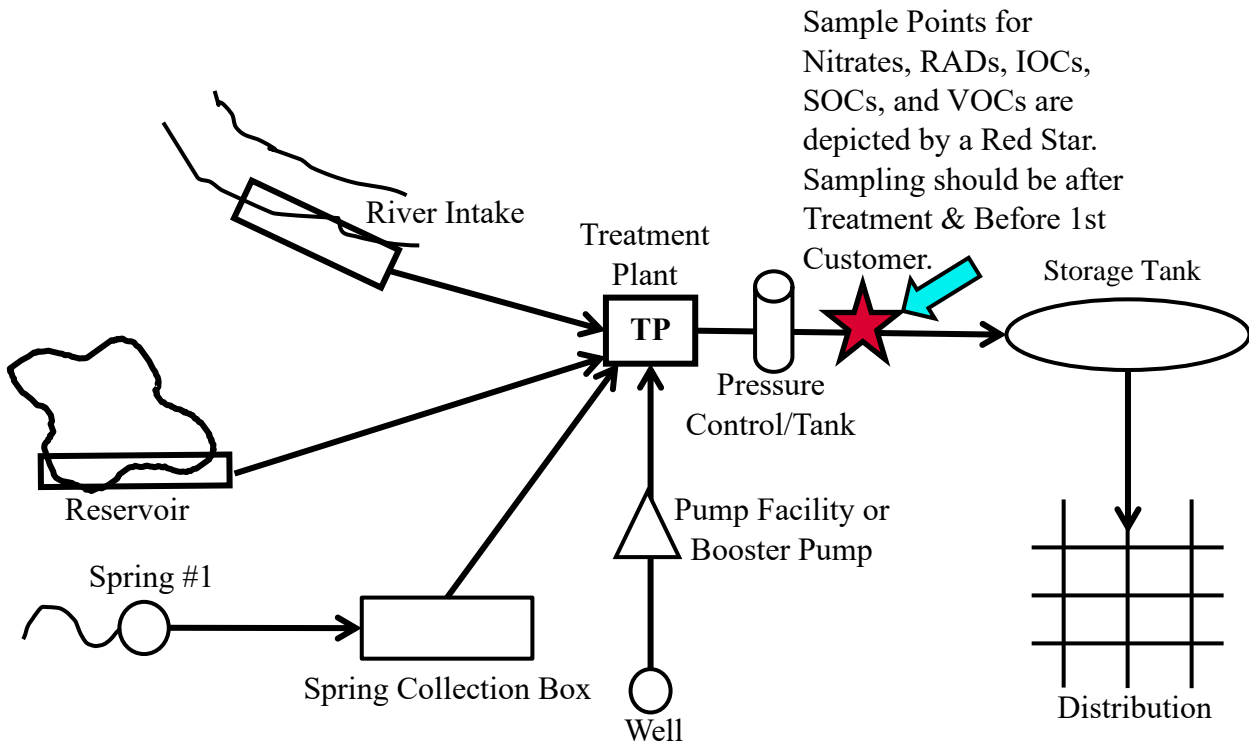


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**SCHEMATIC, NOT TO SCALE, OF YOUR WATER SYSTEM**

Create a schematic drawing for your water system, similar to the example below. If known, please provide names of the water system facilities, such as wells, storage tanks, treatment plants, etc. For well sources only, please attach the Statement of Completion and/or Well Log, if available. If you do not have it, indicate the Statement of Completion number below. Attach the schematic drawing to the form.

**EXAMPLE SCHEMATIC (NOT TO SCALE)**



Source	Name (If known)	Longitude	Latitude	Statement of Completion 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)

\_\_\_\_\_  
Title (please print)

\_\_\_\_\_  
Phone (please print)

\_\_\_\_\_  
Email (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date