

# US ENVIRONMENTAL PROTECTION AGENCY, REGION 8

## WATER SYSTEM INFORMATION CHANGE 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.**

## **WATER SYSTEM INFORMATION**

EPA Water System ID: \_\_\_\_\_  
Name of Water System: \_\_\_\_\_  
County or Reservation in which Facility is located: \_\_\_\_\_

## **CONTACTS CHANGES** (For additional contacts, please include as an attachment.)

<b>Add following individual(s)</b> (List of Name(s))	<b>Make Changes to following Individual(s)</b> (List of Name(s))	<b>Remove following individual(s)</b> (List of Name(s))	<b>Reason for Change</b> (retired, no longer with company, etc.)
Name/Title:			
Address:			
Business Phone Number:			
Cell/Mobile Number:			
Email Address:			
Contact Type (See Below):			
Name/Title:			
Address:			
Business Phone Number:			
Cell/Mobile Number:			
Email Address:			
Contact Type (See Below):			
Name/Title:			
Address:			
Business Phone Number:			
Cell/Mobile Number:			
Email Address:			
Contact Type (See Below):			
Name/Title:			
Address:			
Business Phone Number:			
Cell/Mobile Number:			
Email Address:			
Contact Type (See Below):			
Name/Title:			
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.

**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.*):

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**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.)

<b>Water Source Type</b> (Well, Spring, etc.)	<b>Add or Remove</b>	<b>Effective Date of Changes</b>	<b>Water Source ID and Name</b> (WL01, WL02, SPR01, etc.)	<b>Reasons for Change</b> (Capped, Removed, Disconnected)	<b>Are you able to collect a sample directly from each source?</b>

(Include names of new sources and longitude/latitude of sources, if known, when providing schematic drawing information, page 5.)

**WATER PURCHASER CHANGES:**

**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:

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### **TREATMENT CHANGES:**

**Have changes been made to your water treatment? (circle one):**      **Yes**      **No**

If so, has treatment been removed or changed (specify below)? (circle one): **Yes**      **No**

**Has treatment been added? (circle one):** **Yes**      **No**

If yes, what kind(s) of treatment is used (see following and mark as appropriate)?

☐ Chlorination   ☐ UV   ☐ Filtration   ☐ Ion Exchange   ☐ Softener   ☐ Other: \_\_\_\_\_

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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.)

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**WATER SYSTEM FACILITIES CHANGES (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.

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**SERVICE CONNECTIONS CHANGES:** Complete only if there are changes, if none, indicate such.

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

Reason for changes (if any): \_\_\_\_\_

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**POPULATION CHANGES:** (Complete only if there are changes in the year-round or seasonal operating period of your system or your 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,** only if there are changes in your population, by estimating the number of people water is served. The following indicates the types of people served for use in completing column three.

**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.*)

<b><u>Number of days</u></b> each month water is Provided		<b><u>Number of people served daily</u></b> based on each population type summarized above		
<i>Month (Days per Month)</i>	<i># of Days</i>	<i><b>Resident</b></i> <i>(Set Number)</i>	<i><b>Non-Transient</b></i> <i>(Av. #Daily Users)</i>	<i><b>Transient</b></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)				

**ADDITIONAL COMMENTS ABOUT YOUR WATER SYSTEM:** 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* that can be found at <https://www.epa.gov/region8-waterops/reporting-forms-drinking-water-systems-wyoming-and-tribal-lands-epa-region-8#new>. 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.

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**PLEASE REVISE YOUR CURRENT SCHEMATIC DRAWING** showing the changes as indicated in this form. 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 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