**WATER SYSTEM INFORMATION**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Add the following Individual(s) (Please include name, address, etc. below) | Make Changes to the following Individual(s)  (Make Changes Below) | Remove the following Individual(s) | Reason (Retired, No Longer with Company, etc.) |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

|  |  |
| --- | --- |
| 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.

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 data 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. | | | |
|  |  |  |  |
| Name (please print) |  | Title (please print) |  |
|  |  |  |  |
|  |  |  |  |
| Phone (please print) |  | Email (please print) |  |
|  |  |  |  |
|  |  |  |  |
| Signature |  | Date |  |

Mail completed forms to:

US Environmental Protection Agency, Region 8

Mail code: 8WP-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).