

NOTIFICATION TO EPA REGION 8 OF CHANGES TO A PUBLIC WATER SYSTEM

This form should be completed and submitted to EPA Region 8 when a Public Water System is making changes to:

- **SOURCE**
- **TREATMENT**
- **WATER SYSTEM FACILITIES (WSF)**
- **MANAGEMENT, CONTACTS, POPULATION and CONNECTIONS**

Please submit the completed form and indicated attachments (marked up schematics, etc.) *at least 90 days BEFORE the change is to be made to SOURCE AND TREATMENT, so that EPA may notify you of any changes to your monitoring or regulatory requirements.* Also, submit changes to WSF and management as soon as possible in order for EPA to update system inventory.

You can submit this form by mail at:

EPA Region 8
Mailcode: 8P-W-DW
1595 Wynkoop Street
Denver, CO 80202-1129
Attn: Sylvia Bienzle

by fax at: 1-877-876-9101, Attention Sylvia Bienzle

Or electronically to our e-mail at: r8dwu@epa.gov.

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.state.wy.us/wqd/www/index.asp> or contact Rich Cripe, Program Manager at 307-777-7075 or by e-mail at rcripe@wyo.gov.

The WY State Engineer's Office (SEO) has requirements for new, modified or abandoned water sources. Please visit their website at <http://seo.state.wy.us/> or contact Patrick T. Tyrell at 307-777-6150 or by e-mail at seoleg@seo.wyo.gov.

CHANGES TO SOURCE

- (1) **NEW:** Describe and mark up your current schematic to show these new source(s) in relation to existing system – esp. show where this water enters the system (is it combined with other sources before treatment, or is there a separate entry point into the system, etc.):

• **SURFACE WATER SOURCE(S) – Circle/Fill in as Appropriate**

- (A) Stream/River or Reservoir/Lake/Pond: Name _____
 (B) Date to be Online _____

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• **GROUNDWATER SOURCE(S) – Circle/Fill in as Appropriate**

- (A) Well or Spring or Infiltration Gallery: Name _____
 (B) Date to be Online _____

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- (C) Please fill out the Groundwater Under the Direct Influence of Surface Water Assessment to the best of your ability, and attach to this form, for each new well, spring, or infiltration gallery. A blank form is included at the end of this document.
 (D) **If a well log is available for a new source, please attach to this form.**

- (2) **ABANDONED:** Briefly describe mode of abandonment (back filled with bentonite mud, concrete, dirt, etc. and mark up your current schematic to show these removed/abandoned source(s):

- (A) Source Name _____
 (B) Source Facility Name on your schematic (e.g. WL01, IN01) _____
 (C) Date Abandoned _____

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 (B) Source Facility Name on your schematic (e.g. WL01, IN01) _____
 (C) Date Abandoned _____

PWS Name _____ PWS ID _____

CHANGES TO TREATMENT

DISINFECTION, FILTRATION, CORROSION CONTROL, etc.: Please mark up your current schematic to show where the new or changed treatment will be located.

Treatment Change Description _____

Date Change is in Effect _____

CHANGES TO WATER SYSTEM FACILITY

STORAGE, BOOSTER STATION, TRANSMISSION LINE, etc.: Please mark up your current schematic to show where the new or changed WSF is located.

WSF Change Description _____

Date Change is in Effect _____

PWS Name _____ PWS ID _____

CHANGES TO POPULATION

****Note the definition of Serving Water is:** Providing individuals water (or drinks and/or ice prepared with water) for drinking, bathing, showering, hand washing, teeth brushing, food preparation, and dish washing.

IF WATER IS SERVED ALL YEAR:

- Number of year-round residents to whom water is served: _____
- Number of service connections used by year-round residents: _____
- Number of persons who are not residents but served more than 6 months of the year (this would include seasonal residents, students, employees, etc): _____
- Number of employees: _____
 - If employees are not all full time, what is the maximum number of employees served at any given time? _____

If NOT ALL YEAR, does the water serve at least 25 individuals daily at least 60 days out of the year?

☐ Yes ☐ No

For Non-Community Systems:

Non-Transient Population _____ (Number of the same persons utilizing PWS Daily for 6 months of the year.)

Transient Population _____ (Average number of transient persons served by PWS **Daily** during peak 60 days of operation)

CHANGES TO SERVICE CONNECTIONS

Identify the types of facilities for which the system is serving water: (*i.e. residential, mobile home park, restaurant, campground, resort, factory, school, day care, medical facility, etc*):

How many service connections does the facility have? This may include individual homes, trailer hook-ups, etc. Please count all active and inactive connections.

Total Service Connections:

Residential _____

Number of residential connections for year-round residents: _____

Non-Transient (non-residential): _____

Transient: _____

Are Service Connections Metered? ☐ Yes ☐ No Or, describe _____

Number of metered service connections: _____

PWS Name _____ PWS ID _____

MANAGEMENT/CONTACT CHANGES

Name	Address	Phone Number(s)	Email Address	Fax	Contact Type * (See Def.)

* Contact Type Definitions:

AC-Administrative Contact (REQUIRED to have one for each PWS): Person who handles all administrative matters and receives all correspondence and notifications from EPA.

OW-Owner: Owner of a water system (Can also serve as the AC).

DO-Designated Operator in charge: Person who serves as the operator in charge.

OP-Operator: Operator of a water system.

EC-Emergency Contact: Person to contact in an emergency.

Other Management Change Description _____

Date Change is in Effect _____

AUTHORIZATION OF CHANGES:

This form was filled out by: _____ **Date:** _____

Title: _____

Email _____ **Telephone** _____

Fax _____