

EPA Region 8 – Significant Deficiency Correction Notice

Public Water System Name _____

Public Water System ID# _____

Source Type (circle one): Groundwater Surface Water Mixed (surface and groundwater)

Instructions:

Please use this form to report the correction of sanitary survey significant deficiencies identified during your last sanitary survey. List the individual deficiencies and the date of correction below. Pictures documenting physical improvements or identifying unknown integrity are required, and a brief description of each correction should be included. Include the name of the facility (e.g., tank name, treatment plant, etc.) if applicable, and the correction date on any documentation you provide.

Facility	Deficiency	Date Corrected

I certify that the information submitted with this report is true and accurate.

Print Name

Signature

____/____/____
Date

Email completed form and pictures to r8dwu@epa.gov or fax them to 1-877-876-9101.