

**US ENVIRONMENTAL PROTECTION AGENCY, REGION 8**  
**WATER SYSTEM BASIC INFORMATION FORM**

Name of Facility: \_\_\_\_\_

Facility Address: (physical location of water facilities) \_\_\_\_\_

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

County or Reservation in which Facility is Located \_\_\_\_\_

Facility Owned By: _____			
Owner Type (circle one):	Federal Corporation	State Individual Owner	Local Government Other (describe) _____
Owner Telephone #:	_____	Owner E-mail:	_____
Owner Address:	_____		

Facility's Water System Operated By: _____	
Operator Telephone #:	_____ Operator E-mail: _____
Operator Fax #:	_____
Operator Mailing Address:	_____

Name of Primary Contact ( <i>individual who should receive EPA correspondence; may be a person listed above</i> ): _____			
Address of Primary Contact Person: _____			
City:	_____	State:	_____ Zip Code: _____
E-mail Address:	_____	Telephone #	_____

Facility Start-up Date: \_\_\_\_\_

**\*\*Note the definition for the following questions.** "Serving water" includes providing individuals water (or drinks and/or ice prepared with water) for drinking, bathing, showering, hand washing, teeth brushing, food preparation, dish washing.

Identify all 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: \_\_\_\_\_

**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 the population served varies throughout the year, fill out the table below.

**IF WATER IS NOT SERVED ALL YEAR:**

Fill out the following table and answer the question below:

- Are there at least 6 months in any year the facility serves 25 or more of the same individuals per day?      Yes      No

Please estimate the number of days each month in which the facility serves water to at least 25 individuals. Additionally, for each month please estimate the maximum number of individuals who drink or otherwise use water provided at your facility per day. Be sure to include: employees, visitors, residents, and students for each of the following months:

	# of Days in Month at least 25 Served	Max # of Daily Users
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Where does the facility's water come from? Check all that are used.

**Source**

**Frequency of Use (circle one)**

- River, Lake, Stream      Permanent   Intermittent   Seasonal   Emergency  
Name \_\_\_\_\_
- Well(s)   How many? \_\_\_\_\_   Permanent   Intermittent   Seasonal   Emergency  
Name(s) \_\_\_\_\_
- Spring(s) \_\_\_\_\_   Permanent   Intermittent   Seasonal   Emergency  
Name(s) \_\_\_\_\_
- Purchased Water or from another Water System or Water Hauler  
Name of system or hauler \_\_\_\_\_   Permanent   Intermittent   Seasonal   Emergency

**If water is purchased, please provide answers to the following three questions:**

1. Do the System's customers or tenants pay for their water usage? If so, please describe how they are billed (separate water bill paid each month, water use included as a line item in the lot rent, or specifically included with other fees, etc.).
2. If customers or tenants pay for their water, please describe the rate and how the rate is determined. Please include any differential charges or fluctuation in rate that they pay.
3. If the System does not charge customers or tenants specifically for their water use, please describe how they obtain access to water and any agreement the System has with them regarding their water supply. Please also describe any indirect payment mechanism that may exist for their water usage (all utilities combined and included in lot rent, etc.).

Is the raw water (source water) treated before consumption? If yes, briefly describe the treatment\_\_\_\_\_

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Are there water storage facilities (include pressure tanks)? If yes, briefly describe\_\_\_\_\_

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**COMMENTS:** \_\_\_\_\_

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**CERTIFICATION**

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)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail completed form to:  
US Environmental Protection Agency, Region 8  
Mail code: 8P-W-DW  
1595 Wynkoop Street  
Denver, CO 80202  
Attn: Sylvia Bienzle

You may also fax in the form to 1-877-876-9101 or e-mail to R8DWU@epa.gov.  
If you have questions call Sylvia at 1-800-227-8917, ext. 312-6923.

Please be advised that there can be criminal sanctions for providing false, fictitious, or fraudulent data to EPA.