**REQUEST TO CHANGE WATER SYSTEM INVENTORY OR LABORATORY SERVICES**

1. System Identification:

|  |  |
| --- | --- |
| Water System ID (WSID): | Water System ID |
| Water System Name: | Water System Name |
| County: | Georgia County |

Select Change Type:

|  |  |
| --- | --- |
| Inventory Update (Sections 3, 4, 5) | EPD Laboratory Services (Section 2) |

1. Changes to EPD Drinking Water Laboratory Testing Services: Select Laboratory Testing:

|  |  |  |  |
| --- | --- | --- | --- |
| No Services | Chemical / *Cryptosporidium* | Coliform / *E. Coli* | Both Chemical / Coliform |

1. Enter all applicable changes to service connections and/or population served:

|  |  |  |
| --- | --- | --- |
|  | Number | Comments |
| Service connections: | # Connections | Enter Comments |
| Community (residential) population (generally equal to or greater than 2.7 x service connections in use) | Population | Enter Comments |
| Non-transient Non-Community population | Population | Enter Comments |
| Transient non-community population | Population | Enter Comments |
| Wholesale population (applies to systems providing water to another permitted water system) | Population | Enter Comments |

1. Contact Information: List contact changes below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Billing Address  for Invoices for Payment  (OW/FC) | Chemical Bottle  Shipping Address-UPS  (SA UPS) | Microbiological Kit  Shipping Address  (SA) |
| Name | Name | Name | Name |
| Title | Title | Title | Title |
| Email Address | E Mail | E Mail | E Mail |
| Telephone Number | Telephone | Telephone | Telephone |
| Fax Number | Fax Number | Fax Number | Fax Number |
| Emergency Number | Telephone | Telephone | Telephone |
|  |  |  |  |
| Mailing Address | Address | Address | Address |
| City, State Zip Code | City, State, Zip | City, State, Zip | City, State, Zip |
|  |  |  |  |
| Physical Street Address  (UPS delivery) | Address | Address | Address |
| City, State, Zip Code | City, State, Zip | City, State, Zip | City, State, Zip |

|  |  |  |
| --- | --- | --- |
| Abbreviation | Contact Type | Description |
| OW | Owner Contact | Water System Owner |
| FC | Financial Contact | Receives EPD Laboratory **invoices for payment**. |
| SA | Sampler Contact | Shipping address used for **microbiological** sample bottles. This address can be a physical street address or a P.O. Box. |
| SA UPS | Sampler Contact | Shipping address used for **chemical** sample bottles. This address must be a physical street address and **cannot** be a P.O. Box. |

5. Sources and Plants: Enter the changes below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source # | Type | Source Name | Plant # | Plant Name |
| Select ID. | Select Type | Source 1 | Select | Plant Name 1 |
| Select ID. | Select Type | Source 2 | Select | Plant Name 2 |
| Select ID | Select Type | Source 3 | Select | Plant Name 3 |
| Select ID | Select Type | Source 4 | Select | Plant Name 4 |
| Select ID | Select Type | Source 5 | Select | Plant Name 5 |
| Select ID | Select Type | Source 6 | Select | Plant Name 6 |
| Select ID | Select Type | Source 7 | Select | Plant Name 7 |
| Select ID | Select Type | Source 8 | Select | Plant Name 8 |
| Select ID | Select Type | Source 9 | Select | Plant Name 9 |
| Select ID | Select Type | Source 10 | Select | Plant Name 10 |

Use additional pages if necessary

6. Total number of entry points: \_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I hereby certify that the above information is current and correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Owner’s or Authorized Agent’s Signature: |  | Date: |  |
|  |  |  |  |
| Print Name: |  | Title: |  |

**Verify Water System Details**

1. Go to the Georgia Drinking Water Watch website: <http://gadrinkingwater.net>

2. Enter your "Water System No." (e.g., GA3210001) and then click the "Search for Water Systems" button at the bottom left corner -or- select the “Click Here for the County Map of Georgia”, select a County, and select a Water System ID.

3. Verify all contact information (names, addresses, phone numbers and e-mail addresses).

Note: AC=Administrative Contact (only 1 per water system), OW=Owner (only 1 per water system), SA=Sampler Contact, OP=Operator, DO=Designated Operator in Charge, EC=Emergency Contact, LE=Receives Chemical Sample Reports, LC=Receives Microbiological Sample Reports

4. Check the number of service connections and population served values.

5. Check the water sources and water purchases to ensure that sources are identified correctly and marked as active or inactive correctly.

Note: WL=Well, IN=Intake, CC=Consecutive Connection, CH=Combined Header

6. To view additional details, select the "Water System Facilities" link in the left navigation area.