**REQUEST TO CHANGE TO 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:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Chemical / *Cryptosporidium* | [ ] Bacteriological Coliform / *E. Coli* |  | [x] Both Chemical / Bacteriological |

1. Enter the Changes to Service Connections and/or Population Served:

|  |  |  |
| --- | --- | --- |
|  | Number | Comments |
| Service connections: | # Connections | Enter Comments |
| Community (residential) population (generally equal to or greater than 2.6 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.

|  |
| --- |
| Check Appropriate Box |[ ] [ ] [ ]
|  | Billing Address for Invoices for Payment(OW/FC) | Chemical Bottle Shipping Address-UPS(SA UPS) | Microbiological KitShipping 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. Wells and/or treatment plants: Enter the changes below

**Groundwater Sources:**

|  |  |  |  |
| --- | --- | --- | --- |
| Source # | Well # | Treatment Plant # | Location |
| Source 1 | Well 1 | Treatment Plant 1 | Location 1 |
| Source 2 | Well 2 | Treatment Plant 2 | Location 2 |
| Source 3 | Well 3 | Treatment Plant 3 | Location 3 |
| Source 4 | Well 4 | Treatment Plant 4 | Location 4 |
| Source 5 | Well 5 | Treatment Plant 5 | Location 5 |
| Source 6 | Well 6 | Treatment Plant 6 | Location 6 |
| Source 7 | Well 7 | Treatment Plant 7 | Location 7 |
| Source 8 | Well 8 | Treatment Plant 8 | Location 8 |
| Source 9 | Well 9 | Treatment Plant 9 | Location 9 |
| Source 10 | Well 10 | Treatment Plant 10 | Location 10 |

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: |  |