



Public Water System Change Form

Introduction

This form should be completed by an authorized representative of a Public Water System (PWS) prior to any changes to the PWS. The reporting of most changes is required by the State of Delaware, *Regulations Governing Public Drinking Water Systems* (the Regulations).

Examples of changes that must be reported

The following examples include most of the types of changes that **must** be reported:

1. **Contact changes:** list the points of contact for your water system, including the name, address, phone number, and email address.
2. **Changes in service connections:** list the reason for the change including the number of active, inactive, and disconnected service connections.
3. **Changes in population:** list any significant changes to your system's population including the permanent and transient population.
4. **Changes in water source:** list any new ground water or surface water sources, or the inactivation or abandonment of any source.
5. **Changes to treatment:** list any changes to treatment such as disinfection, filtration, corrosion control, etc.
6. **Changes to water system facilities:** list changes to storage, booster stations, transmission lines, etc.

Submit this completed form to the Office of Drinking Water (ODW) by email, fax, or mail.

Email: Kevin.Cottman@delaware.gov

Fax: 302-741-8631

Mail: 43 South DuPont Highway, Dover, Delaware 19901.*

*ODW prefers electronic submission.

PWS name: _____ PWS ID# DE _____

CONTACT CHANGES

Add / Remove	Name including title	Address	Phone number	Email address	Contact type
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					
<input type="checkbox"/> Add <input type="checkbox"/> Remove					

Contact Type Definitions:

AC – Administrative Contact: The person who should receive all ODW correspondence

OW – Owner: The person(s) or business who owns the PWS

DO – Designated Operator in Charge: the primary operator responsible for the PWS

OP – Operator: An operator at the PWS

EC – Emergency Contact: The person to contact in the event of an emergency

FC – Financial Contact: The person who handles the financial matters for the PWS

SA – Approved Sampler/Tester: A certified Sampler/Tester who is **not** a water operator

WATER SYSTEM

Identify all types of facilities for which the system provides water (e.g. residential, mobile home park, restaurant, campground, resort, school, daycare, medical facility, etc.):

PWS name: _____ PWS ID# DE _____

CHANGES IN SERVICE CONNECTIONS

Number of active service connections: _____

Number of available but currently inactive service connections: _____

CHANGES IN POPULATION

Current residential population: _____

Current transient population: _____

Current non-transient population: _____

CHANGES IN WATER SOURCE

Add / remove	Surface water / ground water	DNREC well ID#	Name of aquifer if known	Date to be online, inactivated or decommissioned
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				
<input type="checkbox"/> Add <input type="checkbox"/> Remove				

Water Source Definitions:

Surface water sources: Stream, river, lake, pond, etc.

Ground water sources: Well with screened depth (from the DNREC well completion report)

DNREC well ID#: every well should have a DNREC ID#

Name of aquifer (if available): The aquifer that the screened depth of the well is in

Date to be online or inactivated: Date water source will become active or inactive

Date to be decommissioned: The date that the well will be formally abandoned (filled with bentonite, concrete, etc.)

PWS name: _____ PWS ID# DE _____

CHANGES TO TREATMENT*

Describe your changes in treatment (disinfection, filtration, corrosion control, etc.) and the date that the changes will take effect. Provide a copy of the water flow map.

CHANGES TO WATER SYSTEM FACILITIES*

DE Approval to Operate #: _____

Describe any changes to your water system facilities (storage, booster station, transmission lines, etc.) and the date that the changes will take effect.

* Please attach a schematic diagram to indicate changes as approved by the Office of Engineering

PWS name: _____ PWS ID# DE _____

ADDITIONAL COMMENTS OR INFORMATION ABOUT YOUR WATER SYSTEM

CERTIFICATION

I, the owner or authorized 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 (print clearly)	Title (print clearly)
_____	_____
Phone number	Email (print clearly)
_____	_____
Signature	Date

OFFICE USE ONLY

Date received: _____	SDWIS updated: Y / N
Date processed: _____	LCR manager notified: Y / N
Assigned to (EHS II) name: _____	PWSS schedules changed (if required): Y / N
Signature: _____	