

LETTER OF DECLARATION

Eastern Idaho Public Health District has recently been provided information that your water system may meet the definition of a public water system. According to this definition a drinking water system that serves fifteen (15) or more connections daily for at least sixty (60) days out of the year, or an average of at least twenty-five (25) individuals at least sixty (60) days out of the year, is considered a public water system. A public water system is classified as either a Community water system or a Non-Community water system.

1- COMMUNITY WATER SYSTEM

A community water system serves at least fifteen (15) separate premises or households used by year-round residents, or regularly serves at least twenty-five (25) year-round residents.

2- NON-TRANSIENT NON-COMMUNITY WATER SYSTEM

A public water system that is a Non-Community water system and regularly serves at least twenty-five (25) of the same persons six (6) months or more per year.

3- TRANSIENT NON-COMMUNITY

Transient public water systems serve at least 15 connections or 25 individuals for at least 60 days per year. Transient Water Systems may include, but are not limited to, food establishments, highway rest stops, campgrounds, and churches.

Based on the definitions explained above, I declare that my water system is classified as:

1. _____ Community Public Water System
2. _____ Non-Transient Non-Community Public Water System
3. _____ Transient Non-Community Public Water System
4. _____ A Non-Public Water System

If you checked **1,2, or 3**, please complete the information on the back side, sign and return.

If you checked **4**, please just sign on back side and return.

INFORMATION ABOUT YOUR WATER SYSTEM

Name of water system: _____

Person(s) responsible for water system: _____

Mailing address: _____

Physical address: (if different than mailing) _____

City: _____ State: _____ Zip: _____

Contact Phone: Home - _____ Work - _____

Cell - _____ Fax: _____ E-Mail: _____

Number of Connections: (premises/households, camp spaces, buildings, etc.) using water: _____

Year round connections _____

Employees, residents and/or students 6 months or more: _____

Average number of people using the water system per day: _____

Does the water system produce bottled water or ice? YES NO

If seasonal, please give dates your system open and closes.

Opens ____/____/____ Closes ____/____/____

I understand that Eastern Idaho Public Health District will use the above information to make the final decision concerning the status of this water system.

Signed: _____ Date: _____

**Please return to : Environmental Health Public Water Coordinators
Eastern Idaho Public Health District
1250 Hollipark Drive
Idaho Falls, Idaho 83401
Office - (208) 523-5382 -- Fax - (208) 528-0857
www.idaho.gov/phd7**