



## **Water System Declaration Form**

1. The Eastern Idaho Public Health District has recently been provided information indicating that your water source may meet the definition of a public water system. According to this definition, a drinking water source that serves water to a specified population of the public is considered a public water system. A public water system is classified as either a Community water system or a Non-Community water system.
  
2. Water sources that provide potable water to communities, businesses, and to the public are required to test the quality of the water on a periodic basis. These water sources are classified, or divided, into three categories:
  - **Community Water System**

A community water system serves households or other premises used by year-round, permanent residents, such as the City of Idaho Falls.
  
  - **Non-Transient Non-Community Water System**

A public water system that is a Non-Community water system, regularly serves the same persons six (6) months or more per year. Examples are schools and businesses.
  
  - **Transient Non-Community System**

Transient public water systems serve non-permanent individuals. Transient Water Systems may include, but are not limited to, food establishments, highway rest stops, campgrounds, and churches.
  
3. Based on the definitions and information explained above, please complete all of the information on the back of this form, and return the completed form to the address indicated. The completed information you provide will be used to determine if your water source is to be regulated as a public water system.

**(This Form Is Continued on the Back)**

## General Information About Your Water Source

Name of establishment: \_\_\_\_\_

Person(s) responsible for establishment: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Physical address: (if different than mailing) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Number of Connections:

Number of premises or households, camp spaces, buildings, etc) using the water: \_\_\_\_\_

Number of full time (year round) residents: \_\_\_\_\_

Number of employees, residents and/or students residing 6 months or more in a year: \_\_\_\_\_

Average number of people using the water system per day: \_\_\_\_\_

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

If your system is seasonal, please provide the dates that your system opens 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 Coordinator  
Eastern Idaho Public Health District  
1250 Hollipark Drive  
Idaho Falls, Idaho 83401  
Office: (208) 523-5382 – Fax: (208) 528-0857**