



Colorado Department
of Public Health
and Environment

Water Quality Control Division Safe Drinking Water Information System (SDWIS) Inactivation Form

This form is used to collect the information regarding system or facility inactivation necessary to maintain an accurate database and to ensure public health. Please fill out and return to the division as soon as possible.

System Name: _____ Public Water System ID: CO0_____

Check appropriate box:

Water System is currently inactive. Date of Inactivation: _____

Reason for Inactivation: Closure Hooked up to other water system as tap Privatized

Are there plans to reopen system in future or other details? _____

Facility (e.g. well, storage tank) has been removed from the Water System.

Facility ID: _____ Facility Description: _____ Date of Inactivation: _____

Type of facility inactivation: Permanent Temporary Emergency Use Only

If temporary, when do you expect facility to be brought back online? _____

Facility ID: _____ Facility Description: _____ Date of Inactivation: _____

Type of facility inactivation: Permanent Temporary Emergency Use Only

If temporary, when do you expect facility to be brought back online? _____

Certification of Accuracy

"By signing this document, I hereby certify that the information above is true, accurate, and complete to the best of my knowledge and belief.

I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment."

Signature _____ Date _____

Please return to: WQCD-DW CAS
4300 Cherry Creek Dr South
Denver, CO 80246-1530
Fax: 303-758-1398

For Dept. Use Only:

Entered By: _____ Date: _____

E-mail: cdphe.drinkingwater@state.co.us

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