

KANSAS PUBLIC WATER SUPPLY CONTACT INFORMATION



FEDERAL ID: KS

STATE ID: _____

System Name: _____

AC - ADMINISTRATIVE CONTACT (mandatory contact):

Individual legally responsible for the system, all general and legal correspondence and lab results go to this person (only one per system - no exceptions).

Contact Name and Title: _____

Street Address: _____ PO Box: _____
(mandatory) (if applicable)

City: _____ KS Zip: _____

Phone: _____ Emergency Phone: _____

Fax: _____ E-mail: _____

FC - FINANCIAL CONTACT (mandatory contact):

All lab bills are sent to this contact (only one per system - no exceptions).

Contact Name and Title: _____

Street Address: _____ PO Box: _____
(mandatory) (if applicable)

City: _____ KS Zip: _____

Phone: _____ Emergency Phone: _____

Fax: _____ E-mail: _____

OP - OPERATOR (mandatory contact):

You may list multiple operators, if there are multiple operators a DESIGNATED OPERATOR IN CHARGE needs to be assigned.

Contact Name and Title: _____

Street Address: _____ PO Box: _____
(mandatory) (if applicable)

City: _____ KS Zip: _____

Phone: _____ Emergency Phone: _____

Fax: _____ E-mail: _____

SA - SAMPLER (mandatory contact):

All lab sample bottles are sent to this contact (only one per system - no exceptions).

Contact Name and Title: _____

Street Address: _____ PO Box: _____
(mandatory) (if applicable)

City: _____ KS Zip: _____

Phone: _____ Emergency Phone: _____

Fax: _____ E-mail: _____

See second page for optional contacts and to sign document.

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DO - DESIGNATED OPERATOR IN CHARGE (optional contact):

If more than one operator is listed, this is the operator in charge of the public water supply system (only one per system - no exceptions).

Contact Name and Title: _____

Street Address: _____ PO Box: _____
(*mandatory*) (if applicable)

City: _____ KS Zip: _____

Phone: _____ Emergency Phone: _____

Fax: _____ E-mail: _____

KP - KEAP Kansas Environmental Application Portal (optional contact):

This contact has internet access to KDHE web-based forms and applications. The KEAP contact will need to register online at: <http://keap.kdhe.state.ks.us/>

Contact Name and Title: _____

Street Address: _____ PO Box: _____
(*mandatory*) (if applicable)

City: _____ KS Zip: _____

Phone: _____ Emergency Phone: _____

Fax: _____ E-mail: _____

INFORMATION PROVIDED BY:

_____	_____	_____
Name and Title	Initials	Date
RETURN COMPLETED FORM TO: Karrie Ullery, Administrative Specialist KDHE – Bureau of Water 1000 SW Jackson St, Suite 420 Topeka KS 66612-1367 Phone: 785-296-6340 Fax: 785-559-4258 e-mail: karrie.ullery@ks.gov		_____
		KDHE Staff Initials