



Susan Mosier, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

## CHANGE OF ADDRESS FORM

(for Kansas Water Well Contractors, UIC and UHS Facilities)

DATE: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
(Facility Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

NEW ADDRESS: \_\_\_\_\_  
(Facility Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

EFFECTIVE DATE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Please return this form by E-mail to: [dbiester@kdheks.gov](mailto:dbiester@kdheks.gov)

Fax to: 785.296.5509

Mail to: KDHE – Geology & Well Technology Section  
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Topeka, KS 66612-1367