

# 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.

**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
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RETURN COMPLETED FORM TO:  
 Christianne Huard, Data Management  
 KDHE – Bureau of Water  
 1000 SW Jackson St, Suite 420  
 Topeka KS 66612-1367  
 Phone: 785-296-7111 Fax: 785-296-5509  
 e-mail [chuard@kdheks.gov](mailto:chuard@kdheks.gov)

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 KDHE Staff Initials