KANSAS PUBLIC WATER SUPPLY CONTACT INFORMATION

FEDERAL ID: **KS**_____ **S**TATE ID:_____

System Name: _____

ADMINISTRATIVE CONTACT Primary contact for all correspondence and lab reports:

Contact Name and Title: _____

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

City: _____ KS Zip: _____

Phone: _____ Emergency Phone: _____

Fax: _____ E-mail: _____

FINANCIAL CONTACT State laboratory bills to be sent to:

Contact Name and Title: _____

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

City: _____ KS Zip: _____

Phone: _____ Emergency Phone: _____

Fax: _____ E-mail: _____

CERTIFIED OPERATOR IN CHARGE:

Contact Name and Title: _____

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

City: _____ KS Zip: _____

Phone: _____ Emergency Phone: _____

Fax: _____ E-mail: _____

SAMPLE BOTTLES to be sent to:

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:
Ellan Spivey, Data Management Administrator
Kansas Department of Health & Environment
Division of Environment, Bureau of Water
1000 SW Jackson St, Suite 420
Topeka KS 66612-1367
Phone:785-296-6434 Fax: 785-296-5509 e-mail espivey@kdhe.state.ks.us