

## **DRINKING WATER SYSTEM CONTACT INFORMATION**

Please fill out this document if you would like to update the contact information of your system.

To submit, you may mail the document or submit the document as an attachment to **EEC eForm 169, *Drinking Water Information and Data Submittal***.

If you have any questions, please email us at **DrinkingWaterCompliance@ky.gov**.

You are not required to use this form; it is provided for your convenience.  
Systems may submit other forms prepared by other entities or a letter, as long as the required information is included.

**Public water system identification number (PWSID):**

### **Facility Information:**

Facility Name:

Facility Address:

City:

Zip Code:

### **Owner Contact: (This may be a local government or municipality, a corporation, or an individual)**

Name of Government/Municipality/Corporation:

Owner First Name:

Owner Last Name:

E-Mail Address:

Phone Number:

Start date (if new):

Address:

City:

State:

Zip Code:

### **Administrative Contact: (The person who should receive all state and EPA correspondences)**

First Name:

M. I.

Last Name:

Start date (if new):

E-Mail Address:

Phone Number:

Address:

City:

State:

Zip Code:

### **Emergency Contact:**

First Name:

Last Name:

E-Mail Address:

Phone Number:

### **Operator Information:**

To update operator information to the Division of Water (as required by 401 KAR 8:030, Section 1(6)), please fill out **eForm 136: Wastewater and Drinking Water Licensed Operators Facility Updates**, accessible on the Kentucky Online Gateway at [kog.chfs.ky.gov](http://kog.chfs.ky.gov).