



**Mailing Address:** Drinking Water Branch  
 300 Sower Blvd. 3<sup>rd</sup> Floor  
 Frankfort, KY 40601

## DRINKING WATER LICENSED OPERATORS AND 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](mailto: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:

License Number:

Company Name:

Licensed Person Name:

Employment Start Date:

Plant ID:

**Please see Page 2 for additional Operator Information entries**



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### Operator Information:

License Number:	Company Name:	
Licensed Person Name:	Employment Start Date:	Plant ID:

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