KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
WASTEWATER INCIDENT REPORT FORM

Definitions are available at http://www.kdheks.gov/water/tech.html

Collection System Bypass ☐ | In-Plant Diversion ☒ | Upset ☐ | In-Plant Flow Through ☐ | Spill ☐

1. FACILITY NAME: City of Parsons Kansas Permit # M-NE55-OO02
2. Within 24 hours of discovery, notify the KDHE Central Office (email – cseeds@kdheks.gov), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

IF THE INCIDENT IS AFTER HOURS AND REPRESENTS A SIGNIFICANT PUBLIC HEALTH THREAT CALL 785.296.1679 IMMEDIATELY

KDHE Person Contacted: Kitty Date: 2/1/21 Time: 10:30 AM

3. Date Incident Discovered: 1/30/2021 Time: 1:15 PM
4. Date Incident Ended: 1/30/2021 Time: 11:30 PM
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 2,185,717
6. If rainfall induced event, approximate inches of rainfall 1.5"

If multiple locations listed below due to rain event, check here ☐

7. Incident Location: (check all that apply)

- ☒ Plant
- ☐ Lift/Pump Station
- ☐ Peak Flow Basin
- ☐ Manhole(s)
- ☐ City Collection Line (Line Break / Joint)
- ☐ Private Sewer Line
- ☐ Basement
- ☐ Other (specify below)

Identify **All** Incident Locations by Name, Street Address or Manhole Number as appropriate.

8. Cause of Incident:

- ☐ Intentional Bypass for Repair/Construction
- ☒ Excessive Rainfall, Snow Melt
- ☐ Unplanned Construction Related Break
- ☐ City Line Break (Not Construction Related)
- ☐ City Line Blockage
- ☐ Private Line Break
- ☐ Private Line Blockage
- ☐ Lagoon High Level
- ☐ Equipment Failure
- ☐ Control System Failure
- ☐ Power Related Failure
- ☐ Operations Related Failure
- ☐ Maintenance Related Failure
- ☐ Vandalism
- ☐ Other

Additional explanation of reason for Incident: (use additional page if necessary)

9. Corrective Action, if any: (use additional page if necessary)

Name: Derek Clevenger Date: 2-1-21

Title: Director of Utilities Phone (620) 421-7020

When Completed, E-mail to: cseeds@kdheks.gov
Kansas Department of Health & Environment – Attn: Chris Seeds
Or Mail to: 1000 SW Jackson St.., Suite 420, Topeka , KS 66612-1367
Fax 785.296.0086

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