

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
WASTEWATER INCIDENT REPORT FORM**

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

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

1. FACILITY NAME: City of Parsons Kansas Permit # M-NE55-0002
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: Sherry Date: 4/26/24 Time: 8:39 AM

3. Date Incident Discovered: 4/25/2024 Time: 12:17 PM
4. Date Incident Ended: 4/25/2024 Time: 7:00 PM
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 1,171,000
6. If rainfall induced event, approximate inches of rainfall 3.25"

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

7. Incident Location: (check all that apply)
- | | |
|--|--|
| <input checked="" type="checkbox"/> Plant | <input type="checkbox"/> City Collection Line (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line |
| <input type="checkbox"/> Peak Flow Basin | <input type="checkbox"/> Basement |
| <input type="checkbox"/> Manhole(s) | <input type="checkbox"/> Other (specify below) |

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

8. Cause of Incident:
- | | |
|---|--|
| <input type="checkbox"/> Intentional Bypass for Repair/Construction | <input type="checkbox"/> Equipment Failure |
| <input checked="" type="checkbox"/> Excessive Rainfall, Snow Melt | <input type="checkbox"/> Control System Failure |
| <input type="checkbox"/> Unplanned Construction Related Break | <input type="checkbox"/> Power Related Failure |
| <input type="checkbox"/> City Line Break (Not Construction Related) | <input type="checkbox"/> Operations Related Failure |
| <input type="checkbox"/> City Line Blockage | <input type="checkbox"/> Maintenance Related Failure |
| <input type="checkbox"/> Private Line Break | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Private Line Blockage | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lagoon High Level | |

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: 4-26-24
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