

**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](mailto: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: Jarred Date: 4/27/24 Time: 10:35 AM

3. Date Incident Discovered: 4/28/2024 Time: 2:00 AM  
4. Date Incident Ended: 4/28/2024 Time: 10:00 PM  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 6,270,000  
6. If rainfall induced event, approximate inches of rainfall 2.3"  
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: 4-29-24  
Title: Director of Utilities Phone: (620) 421-7020

When Completed, E-mail to: [cseeds@kdheks.gov](mailto: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