KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT WASTEWATER INCIDENT REPORT FORM

Definit Collec		ole at http://www.kdl In-Plant	neks.gov/water/tech	<u>n.html</u> In-Plant			
	m Bypass 🗌	Diversion 🖂	Upset 🗌	Flow Thro	ugh 🗌	Spill 🗌	
1. 2.	1. FACILITY NAME: City of Parsons Kansas Permit # M-NE55-OO02						
KDHE	Person Contac	ted: Morgan	Date:	5/28/19	Tin	ne: 8:25 AM	
3.	Date Incident D	iscovered: 5	/24/2019		_ Time: _	11:00 PM	
4.	Date Incident E		/28/2019		Time: _	5:40 AM	
5.	Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: Unknown						
6.	If rainfall induced event, approximate inches of rainfall 2.90"						
	If multiple locations listed below due to rain event, check here						
7.		on: (check all that a imp Station Flow Basin ole(s) dent Locations by N		Private Se Basement Other (spe	ewer Line t ecify below)		
8.	☑ Exces☐ Unpla☐ City Li☐ Private☐ Private	ent: Ional Bypass for Resive Rainfall, Snow Inned Construction I Ine Break (Not Consine Blockage Ie Line Break Ine Blockage Ine Blockage In High Level	Melt Related Break		Power Rel Operations	rstem Failure lated Failure s Related Failure nce Related Failure	
Additional explanation of reason for Incident: (use additional page if necessary) Our computer inherited a glitch that cleared the bypass numbers every night at mid have numbers for this bypass. Our computer/SCADA repairman is scheduled to co the issue.						midnight. So we do not	
9.	Corrective Action, if any: (use additional page if necessary)						
=	Name: Derek	Clevenger		Date:	5-30-19		
		or of Utilities		Phone	(620) 42	1-7020	
\/\ba		-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