

**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: Jason      Date: 5/11/17      Time: 9:15 AM

3. Date Incident Discovered: 5/10/2017      Time: 8:40 PM

4. Date Incident Ended: 5/11/2017      Time: 2:00 AM

5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 277,000 gallons

6. If rainfall induced event, approximate inches of rainfall .50"

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 checked="" 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)

We are in the process of installing new influent pumps at the plant. Out of the three existing pumps we only have one pump working correctly and one pumps that we can run sporadically.

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

Name: Derek Clevenger      Date: 5-12-17

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

