KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT WASTEWATER INCIDENT REPORT FORM

Definit Collec		available at	http://www.l	kdheks.gov/	water/tech		-Plant			
	m Bypass	s 🖂	Diversion [Up	oset 🗌		ow Throu	ugh 🛚		Spill
1. 2.	FACILITY NAME: City of Parsons Kansas Permit # M-NE55-OO02 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:	Jason		Date:	5/6/	17		Time:	8:00 AM
3.	Date Inc	ident Discov	vered:	4/28/2017				Time:	8:30	O PM
4.		ident Endec		5/5/2017				Time:	4:30	O PM
5.		Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 86,990,000								
6.	If rainfall	induced ev	ent, approxi	mate inches	of rainfall	5.	75			
	If multiple locations listed below due to rain event, check here									
7.	Identify	Plant Lift/Pump S Peak Flow Manhole(s All Incident	Basin) Locations by	y Name, Stro		Pi Ba O	rivate Ser asement ther (spe Manhole	wer Line cify belo Number	e ow) as ap	e Break / Joint) opropriate. 3 th and Washington
8.	Addition:	Excessive Unplanned City Line B City Line B Private Lin Private Lin Lagoon High al explanation the proces	e Break e Blockage gh Level on of reason	ow Melt on Related B onstruction I of for Incident ng new influe	Break Related) :: (use addi ent pumps	at the	I page if	Power I Operati Mainter Vandali Other necessa Out of th	Syste Relate ons Re nance sm ary)	m Failure d Failure elated Failure Related Failure
9.	Corrective Action, if any: (use additional page if necessary)									
_	Name:	Derek Clev	/enger				Date:	5-9-17	7	
	Title:	Director of	Utilities				Phone	(620)	421-7	020
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