KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT WASTEWATER INCIDENT REPORT FORM												
Definitions are available at http://www.kdheks.gov/water/tech.html												
Collec		_	In-Plant	_			In-Plant					
Syste	m Bypas	s 🖂	Diversion 🛛 Upset 🗌				Flow Through 🗌 🦳 Spill 🗌					
1.			City of Parsons			Kansas Permit # <u>M-NE55-OO02</u> Office (email – <u>cseeds@kdheks.gov</u>), (fax						
2.	Within 24 hours of discovery, notify the KDHE Central Office (email – <u>cseeds@kdheks.gov</u>), 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification											
	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												
	Person	Contacted:	Ja	ason	Date	: 5	/9/22	7	Time:	8:25 AM		
3.	Date Incident Discovered:			5/4/2022				_ Time:	9:3	0 PM		
4.		ident Endeo		5/6/202		Time:11:43 PM				3 PM		
5.	Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 2,677,894											
0	through failed equipment for all locations on this form: 2,677,894								+			
6.	If rainfall induced event, approximate inches of rainfall 6.0"											
	If multiple locations listed below due to rain event, check here											
7.	Incident Location: (check all that apply)											
							•	ty Collection Line (Line Break / Joint) ivate Sewer Line				
	Private Se											
	Manhole(s)											
	Identify <u>All</u> Incident Locations by Name, Street Address or Manhole Number as appropriate.											
	15 th & Kennedy, 13 th between Stevens and Clark, 13 th between Crawford and Clark, 13th between											
-	Crawford and Washington, Grand & Heacock, Broadway & 10 th , 13 th between Broadway and Main											
-												
8.	Cause of Incident:											
	Intentional Bypass for Repair/Construction							Equipment Failure				
									Control System Failure Power Related Failure			
	City Line Break (Not Construction Related Break City Line Break (Not Construction Related)											
	City Line Blockage							Maintenance Related Failure				
	Private Line Break] Vandalism				
	Private Line Blockage Other											
	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							5	5-9-22			
	Title: Director of Utilities						Phone	(620) 421-7020				
Whe	en Comp	leted, E-mai	I to: csee	eds@kdhe	ks.aov							
	Kansas Department of Health & Environment – Attn: Chris Seeds											
		Or Mai	1 to 1000	SW Jack	son St Si	$iit \land A$	20 Tonek	- KS 666	\$12_136	\$7		

Or Mail to: 1000 SW Jackson St., Suite 420, Topeka , KS 66612-1367 Fax 785.296.0086

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