Illegal Dump Program Request Form
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
1000 SW Jackson, Suite 320  Topeka, KS 66612-1366

Form submitted by:
Name __________________________________________ Date ____________________
Affiliation __________________________________________ (if city or county, please fill out reverse side)
Street Address _____________________________________
City, State, Zip _____________________________________
Phone ___________________  Fax ___________________  E-mail ___________________

Person to accompany KDHE on site inspection:
Name __________________________________________
Phone _______________________________________

Site Information

Location: legal ____________________________ Within city limits? yes no
Street address, if available ___________________________________

Property owner: ___________________________________

Person(s) responsible for illegal dumping, if known: Name ___________________________________
Phone ___________________  Address _____________________

Size of illegal dump in square feet: ___________________________________

Type of material: (circle all that apply)
- tree/brush
- construction/demolition
- household trash
- industrial
- other ___________________________________

Distance to nearest surface water: ___________________________________

Type of nearest surface water: (circle one)
- intermittent creek
- creek
- river
- pond/lake

Distance to nearest occupied dwelling: ________________________________

Number of occupied dwellings within 1/4 mile radius of site: ________________________________

Distance from illegal dump to nearest road: ________________________________

Estimated cost to remove or cover trash: ________________________________

Please return this form, along with photos of the site, to: Toby Kuhn, Bureau of Waste Management
1000 SW Jackson, Suite 320
Topeka, KS  66612-1366
Local Government
Statement of Intent

K.S.A. 65-3415 grants KDHE the authority to spend State Solid Waste Management Funds to help clean up illegal dumps under the following conditions:

• the responsible party must be unknown, unwilling, or unable to clean up the site
• the state may spend no more than $10,000 per site
• the city or county must consent to the clean-up and must pay a minimum of 25% of the cost of the clean-up

How does the City/County anticipate meeting the 25% match? Cash or in-kind services, including labor, equipment, supplies, and landfill space may be used to satisfy this match requirement.

________________________________ __________________________________________
Signature Title

If your city or county is interested in working with the State to clean up this site, please have an authorized official sign below. This is merely a statement of intent and is not a legal commitment.

Note: State law directs KDHE to initiate cost recovery actions from the responsible party or parties when money from the solid waste management fund is used for the clean-up of illegal dumps. However, KDHE will assess the circumstances regarding each site before carrying out any such actions. Factors which will be considered include, but are not limited to, the resources of the responsible party or parties and the confidence in the identification of the responsible party or parties.