

Kansas Water Pollution Control Permit

KDHE Livestock Permit

Closure Request Form

Please be advised:

I _____, as the authorized signatory of _____
Printed Name Facility Name

_____, a confined animal feeding facility located in
Facility Name Continued

the _____
Section Township Range

of _____ County, Kansas, having a Kansas Water Pollution Control Permit number
County

_____ with the State of Kansas, do request to close all, or a portion, of the
Permit Number

existing livestock facilities associated with this Permit. _____
Facilities Requested to be Closed

Facilities Requested to be Closed Continued

Signed: _____ Date: _____

If you have any questions about this form please contact with the Livestock Waste Management Section at 785-296-6432 or kdhe.feedlots@ks.gov

Please return this completed form to the Livestock Waste Management Section at:

Kansas Department of Health and Environment
Livestock Waste Management Section
1000 SW Jackson St., Suite 430
Topeka, KS 66612-1367

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