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 □ Flow Through □ Spill □

1. FACILITY NAME: ____________________________ Kansas Permit # ____________________________

2. Within 24 hours of discovery, notify the KDHE Central Office (email – chris.seeds@ks.gov), (fax 785.559.4257), (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: ____________________________ Date: ____________ Time: ____________

3. Date Incident Discovered: ____________________________ Time: ____________

4. Date Incident Ended: ____________________________ Time: ____________

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

6. If rainfall induced event, approximate inches of rainfall ____________________________

7. Incident Location: (check all that apply)

☐ Plant
☐ Lift/Pump Station
☐ Peak Flow Basin
☐ Manhole(s)
☐ City Collection Line (Line Break / Joint)
☐ Private Sewer Line
☐ Basement
☐ Other (specify below)

Identify All Incident Locations by Name, Street Address or Manhole Number as appropriate.

8. Cause of Incident:

☐ Intentional Bypass for Repair/Construction
☐ Equipment Failure
☐ Excessive Rainfall, Snow Melt
☐ Control System Failure
☐ Unplanned Construction Related Break
☐ Power Related Failure
☐ City Line Break (Not Construction Related)
☐ Operations Related Failure
☐ 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: ____________________________ Date: ____________
Title: ____________________________ Phone ____________________________

When Completed, E-mail to: chris.seeds@ks.gov
Kansas Department of Health & Environment – Attn: Chris Seeds
Or Mail to: 1000 SW Jackson St., Suite 420, Topeka, KS 66612-1367
Fax 785.559.4257

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