KDHE Bureau of Environmental Remediation
Site Referral Form

* Required Information

Referring Party:

Name*:_____ Date*:_____

Organization*:_____ Program: _____

Address*:_____ Phone number*:_____

City/State/Zip*:_____

Email Address: _____

Contamination Information: *Please include a minimum of one location method*

Name of facility/site impacted*:_____

Address: _____ Program ID#:_____

City/State/Zip: _____

Township/Range/Section:_____

GPS Coord (decimal degrees): Latitude: _____ Longitude:_____

Type of property impacted*: ☐ Residential ☐ Commercial ☐ Industrial ☐ Agriculture
((Residential includes, parks, schools, daycare, etc.) ☐ Other _____

Nature of impact/complaint* (i.e. contaminant, cause, impacted area, etc.)

Known impacted media*: ☐ Soil ☐ Groundwater ☐ Surface Water
Check all that apply ☐ Indoor Air ☐ Sediment

Type of well (if impacted)*: ☐ Public Water Supply ☐ Domestic ☐ Industrial
Check all that apply ☐ Monitoring ☐ Irrigation ☐ Lawn & Garden
Depth to Groundwater: _____ ☐ Other:_____ ☐ Not Applicable

Analytical Results:

Contaminant Concentration Exceedances? - Check one box for each category that applies

Yes	No	Unknown	
☐	☐	☐	EPA MCL
☐	☐	☐	KDHE RSK
☐	☐	☐	Threshold Effect Concentrations in Sediment
☐	☐	☐	Acute Aquatic Life Citeria in Surface Water

Drinking Water Info: *Check one box for each category that applies, if known*

Number of domestic or public water supply wells within one mile? ☐ Unknown ☐ 0 ☐ 1-25 ☐ >25

* Distance to nearest domestic or public water supply well? ☐ <0.5 mile ☐ 0.5-1 mile ☐ >1 mile

Site located within a known Kansas aquifer? ☐ Yes ☐ No ☐ Unknown

Residential Info: *Check one box for each category that applies, if known*

Is a residence within 100' of known groundwater contamination? ☐ Yes ☐ No ☐ Unknown

Is a residence within 200' of known soil contamination? ☐ Yes ☐ No ☐ Unknown

Number of residences within 1/4 mile of soil contamination? ☐ 0 ☐ 1-10 ☐ >10

Surface Water Intake Info: *Check one box for each category that applies, if known*

Nearest downstream drinking water surface intake? ☐ <1 mile ☐ 1-5 miles ☐ >5 miles ☐ Unknown

* Is the drinking water surface water intake impacted? ☐ Yes ☐ No ☐ Unknown

Attach Supporting Information:

Please attach any pertinent maps, reports, photos, analytical results, etc. (see imbedded instructions).

When the form is completed and corresponding files have been attached, please click on the submit button. The form will automatically be emailed to Bob Jurgens, BER Assessment & Restoration Section Chief at Bob.Jurgens@ks.gov and Jessica Willis at Jessica.Willis@ks.gov (A&R Section Admin Support). Please contact Darryl Morgan at Darryl.Morgan@ks.gov or by phone at 785-296-8065 if you have any questions regarding this form.

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