Kansas Water Pollution Control Permit

Closure Request Form

Please be advised:

I ________________, as the authorized signatory of ________________, 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 Permit Number

with the State of Kansas, do request to close all, or a portion, of the 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 Levi Crooke with the Livestock Waste Management Section at 785-296-4049 or Levi.Crooke@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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