

# Kansas Water Pollution Control 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 Levi Crooke with the Livestock Waste Management Section at 785-296-4049 or [Levi.Crooke@ks.gov](mailto: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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