

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
EMERGENCY WASTEWATER RELEASE REPORT FORM FOR NON-OVERFLOWING LAGOONS**

1. Facility Name: _____ Kansas Permit No.: _____

2. Notification: Permittee is responsible to notify KDHE and any downstream affected land owners of any emergency release. Permittee is required to obtain permission prior to releasing the wastewater unless the release is required to avoid substantial physical damage to property, damage to the treatment facility which would cause it to become inoperable, or substantial and permanent loss of natural resource which can reasonably be expected to occur in the absence of the emergency release. Permission can be obtained by contacting the local KDHE district office or the Central office. Contact numbers are:

DISTRICT OFFICE	PHONE NUMBER	EMAIL ADDRESS	FAX NUMBER
Northeast (Lawrence):	785.842.4600	Tom.Winn@ks.gov	785.842.3537
Southeast (Chanute):	620.860.7230	Doug.Cole@ks.gov	620.431.1211
North Central (Salina):	785.827.9639	Jennifer.Nichols@ks.gov	785.827.1544
South Central (Wichita):	316.337.6041	Allison.Herring@ks.gov	316.337.6055
Northwest (Hays):	785.261.6101	Dan.Wells@ks.gov	785.625.4005
Southwest (Dodge City):	620.682.7947	Wade.Kleven@ks.gov	620.225.3731
Central Office (Topeka):	785.296.5517	See information at the bottom of this form.	

If an emergency release without prior approval was necessary, contact the local district office or the Central office via telephone, FAX or e-mail as soon as possible but not later than the next business day. An explanation as to the reason that prior approval could not be obtained prior to the release will be required. Attach explanation if applicable.

KDHE person or office contacted for approval: _____

Date Approval Received: _____ Time: _____

3. Date Release Began: _____ Time: _____

4. Date Release Ended: _____ Time: _____

5. Total estimated amount released (gallons): _____

6. If rainfall induced event approximate rainfall amount (inches): _____

7. Unless an emergency non pre-approved release was necessary, samples shall be collected, tested and data reported for Biochemical Oxygen Demand (5 day), Total Suspended Solids, pH, ammonia, and E. coli. Samples should be obtained about half-way through the release. The release shall be limited to no more than 2 feet of freeboard in the final cell, unless and until KDHE provides approval for additional releases.

8. Name & Certificate Number of Certified Laboratory used for testing of release wastewater

9. Send laboratory results and this completed form to the address shown below

Signature: _____ Date: _____

Print Name: _____ Contact Telephone #: _____

When Completed, Mail or fax to: Kansas Department of Health and Environment
Bureau of Water/Technical Services
1000 SW Jackson St., Suite 420
Topeka, KS 66612-1367
FAX 785.296.0086 / Email Address: dmr2kdhe@kdheks.gov