

**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 In-Plant Flow Through Spill

1. FACILITY NAME: _____ Kansas Permit # _____
2. Within 24 hours of discovery, notify the KDHE Central Office (email – cseeds@kdheks.gov), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery.

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 _____

If multiple locations listed below due to rain event, check here

7. Incident Location: (check all that apply)

<input type="checkbox"/> Plant	<input type="checkbox"/> City Collection Line
<input type="checkbox"/> Lift/Pump Station	<input type="checkbox"/> Private Sewer Line
<input type="checkbox"/> Peak Flow Basin	<input type="checkbox"/> Other (specify below)
<input type="checkbox"/> Manhole(s)	<input type="checkbox"/>

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

8. Cause of Incident:

<input type="checkbox"/> Intentional Bypass for Repair/Construction	<input type="checkbox"/> Equipment Failure
<input type="checkbox"/> Excessive Rainfall, Snow Melt	<input type="checkbox"/> Control System Failure
<input type="checkbox"/> Unplanned Construction Related Break	<input type="checkbox"/> Power Related Failure
<input type="checkbox"/> City Line Break (Not Construction Related)	<input type="checkbox"/> Operations Related Failure
<input type="checkbox"/> City Line Blockage	<input type="checkbox"/> Maintenance Related Failure
<input type="checkbox"/> Private Line Break	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Private Line Blockage	<input type="checkbox"/> Other
<input type="checkbox"/> 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: cseeds@kdheks.gov

Kansas Department of Health & Environment – Attn: Chris Seeds
Or Mail to: 1000 SW Jackson St., Suite 420, Topeka , KS 66612-1367
Fax 785.296.0086