



Sent via e-mail

July 28, 2021

Cynthia Sans  
U.S. Environmental Protection Agency – Region 7  
Water, Wetlands and Pesticides Division  
11201 Renner Boulevard  
Lenexa, KS 66219  
[sans.cynthia@epa.gov](mailto:sans.cynthia@epa.gov)

RE: SSO Order of Compliance – Docket No. CWA-07-2015-0022  
Compliance Actions – City of Leavenworth  
Timeframe: January 1, 2021 - June 30, 2021

Ms. Sans:

Pursuant to Paragraphs 37 and 38 of the Order of Compliance on Consent, Docket No. CWA-07-2015-0022, the City of Leavenworth, Kansas is providing the following:

Paragraph 37. Attached is a listing of SSO “Transparency Report” notifications on the City of Leavenworth webpage at [www.leavenworthks.org](http://www.leavenworthks.org). These are related to SSO events that reached the Waters of the United States. Additional notifications of these events were made by the City Public Information Officer (PIO) via Social Media and on the City’s webpage at [www.leavenworthks.org](http://www.leavenworthks.org).

There was 1 SSO event that reached the Waters of the United States between January 1, 2021 and June 30, 2021. A summary of the event is below:

At approximately 12:57 p.m. on April 6, 2021, Water Pollution Control (WPC) was notified of a sewer smell and discolored water running into the creek. WPC responded to the call and determined that sewage was backing up in the City main - between the 900 block of Kickapoo Street and the 900 block of Kiowa Street. This backup caused the sanitary sewer to surcharge and overflow from the main near manhole 0119. City staff cleared the blockage in the main, and the bypass (overflow) of the system ended at 1:45 p.m. City staff cleaned the creek area and pumped wastewater back into manhole 0117. WPC estimated 4,700 gallons of wastewater were released from the system. The WPC placed contamination signs along the creek in the impacted area and pulled samples to determine E-Coli levels. The signs were removed when the E-Coli levels in the creek were within acceptable

limits set by KDHE. The City requested that residents stay away from the creek water until signs were removed. The affected areas were from the 900 block of Kiowa to the 900 block of Ottawa Street.

A copy of the transparency report related to this 1 event is attached. The transparency report is available for viewing on the City webpage at [www.leavenworthks.org](http://www.leavenworthks.org).

**Paragraph 38.** Describe actions taken by the City between January 1, 2021 and June 30, 2021 to comply with this order, and attach copies of all SSO reports submitted to KDHE.

(a.) The number of unauthorized discharges which occur within the City's POTW (Publicly-Owned Treatment Works) during the reporting period:

34 SSO events occurred during this period and were reported to KDHE. A report showing each event and resolution of the event is included with this letter.

- 23 Private-Line Events. 0 events reached the Waters of the United States.
  - 2 events from contractor actions
  - 21 events were not related to contractor actions
- 11 City-Line Events. 1 reached the Waters of the United States.
  - 10 events were in City lines
  - 1 event was at the wastewater treatment facility
  - 0 events were from contractor actions
  - 0 events were not related to contractor actions
- 0 Fort Leavenworth Events were reported to KDHE by American Water. It is unknown if any discharge from this event reached the Waters of the United States. (The City of Leavenworth has no jurisdiction on Fort Leavenworth even though it is inside the City limits.)
  - 0 events were from contractor actions
  - 0 events were not related to contractor actions
- 0 USP Leavenworth (Bureau of Prisons) SSO Events were reported to KDHE. It is unknown if USP Leavenworth had overflows that were not reported. (The City of Leavenworth has no jurisdiction on USP Leavenworth even though it is inside the City limits.)

(b.) The specific measures taken by the City to correct and prevent recurrence of each unauthorized discharge which occurred within the City's POTW during the reporting period:

The City and residents have taken the actions as noted in the summary report related to Paragraph 38, section (a) above. In addition to those efforts, the following work occurred in the reporting period:

1. City continues to operate a CCTV crew. 3.65 miles were inspected during the reporting period for a total of 3.65 miles in 2021.
2. City continues to operate a cleaning and root elimination crew. 30 miles were cleaned during the reporting period for a total of 30 miles in 2021.
3. A new root control project was completed in this reporting period. It consisted of treating 48 lines. City will inspect the results of the root control operation during the second reporting period of 2021.
4. City continues to operate a Grease Trap Inspection Program. Letters are sent to selected relevant businesses periodically and all known owners are contacted at least one time each year to request copies of their maintenance records. The City has identified 79 grease trap locations in both open and closed businesses. Physical inspections have been completed in 14 of the 79 grease trap installations during the reporting period. 4 new installations were completed and 0 businesses closed during the reporting period. Currently there are no known businesses that are noncompliant. The City continues to review and look at updates for the Grease Trap Program.
5. Construction plans for the 2020 Sanitary Sewer Inflow & Infiltration (I&I) Project have been completed. The occurrence of the COVID-19 pandemic has resulted in the 2020 I&I Project being placed on hold until 2021. This project is to be re-evaluated for funding and construction in late 2021.

1 project for manhole replacement and sewer line repairs totaling \$200,000 was awarded and completed during the reporting period. (*The project details are outlined at No. 10.*)

6. City efforts related to retention of employees have resulted in the following during the reporting period:
  - a. 4 employees separated from WPC during the reporting period. 4 new employees were hired, and 1 employee was promoted. Currently there are 2 operator positions vacant at the end of this reporting period.
  - b. Training and education opportunities are available for all operators to include in-house and formal training. All KDHE-certified operators are current in their requirements.
    - 4 employees attended the Defensive Driving Course
    - 12 employees attended the Ferrous Safety PVS Technology Course
    - 1 employee attended the Operation & Maintenance of Wastewater Collection Systems, Volume 1 Course

- 3 employees attended the Safety, Beginning Treatment & Lagoon Systems, Part A Course
7. 2 cycles of creek-crossing inspections have occurred in the reporting period with 0 issues noted during this reporting period. Creek crossing inspections were completed in April and June of this year. 0 contracts for creek crossing repairs were necessary.

The 3000 Lakeview Court Sanitary Sewer Repair Project will replace a private service line connection exposed in the creek. Project will consist of removal of 1 manhole and 45 LF of 8" main and concrete encasement. In addition, 83 LF of 8" main will be abandoned and flow filled. The 8" main will be re-routed to avoid a creek crossing altogether. Installing 2 manholes and 97 LF of 8" main. Reconnecting the private service line in a shorter distance and away from the creek. The estimated construction cost is \$65,000, and will be constructed in the last half of 2021.

8. The "Maintenance Line" list continues to be investigated by City staff. These lines are subjected to additional routine cleaning or inspection on approximately a monthly basis due to previous situations. There are currently 21 lines on the "Maintenance Line" list.
9. City has contracted with Service Line Warranties of America to provide an affordable repair option for all residential sewer lines (private lines). This optional program began in January 2017. The program currently has 375 residential structures under contract for Sanitary Sewer Line warranty. This is an increase from 325 at the end of the previous period. There is a summary sheet included in this report.
10. City Community Development Block Grant (CDBG) funds may be used to fund homeowner private sewer line repair or water line repair up to a maximum cap of \$5,000 depending on income qualifications. The 4th & Olive Alley Sanitary Sewer Project was completed in this 2021 reporting period and was partially funded by CDGB funds.

The project replaced approximately 325 LF of 4" private sanitary sewer main with 8" public sanitary sewer main. The project consisted of installing 3 manholes, 110 LF of road bore and 8" main under US-73 highway, 325 LF of 8" main in the alley, 9 service line connections to the main, and restoration of the alley. The project began in February, 2021 and was completed in March, 2021. The final cost was \$200,000.

11. City Housing Trust Fund (HTF) resources may be used to assist homeowner private sewer line repair or water line repair up to a maximum cap of \$5,000 depending on income qualifications. There were 0 HTF sewer line repairs during the reporting period.

12. In early 2018, the City of Leavenworth and the City of Lansing signed a Memorandum of Understanding related to use of City of Lansing facilities for disposing of solids from the vac truck. The Memorandum of Understanding between the two cities remains in place. Staff used the Lansing facility to dispose of solids 0 times during this reporting period.
13. The City evaluates all SSOs related to contractor actions. There were 0 City-related SSOs, but 2 private line SSOs involving contractor actions during the reporting period. 0 SSOs related to contractor actions occurred at Fort Leavenworth during this reporting period. The need for situational awareness has been stressed to City inspectors and the contractors.

(c.) A copy of each unauthorized discharge report submitted to KDHE: Copies of 34 KDHE SSO reports are attached to this letter. This includes 0 events on Fort Leavenworth.

If you have any questions or need additional documentation, please don't hesitate to contact me at 913-684-0375 or by email at [brian.faust@firstcity.org](mailto:brian.faust@firstcity.org).

Sincerely,



Brian D. Faust, P.E.,  
Director of Public Works

cc: Paul Kramer, City Manager  
Tom Stiles, Director, Bureau of Water, KDHE (sent via U.S. mail)  
Brittany A. Barrientos, Attorney

Attachments:

- Screenshots of on-line Transparency Report with details of the 1 event.
- Spreadsheet with summary of 34 SSO events with dates and corrective actions.
- KDHE SSO reports (34 events).
- Listing of 21 "Maintenance Lines" currently receiving enhanced maintenance.
- Summary sheet from Service Line Warranties of America program.

**CITY OF LEAVENWORTH**

**2021 EPA REPORT - SUMMARY OF ATTACHMENTS**

**January 1 - June 30**

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Sanitary Sewer Overflows.....34

Transparency Reports ..... 1

Miles Cleaned.....30

Miles CCTV'd.....3.65

Maintenance Line List.....21

Training/Promoted ..... (See Attached)

Employees Departed since January 1 .....4

Employees Hired since January 1.....4

Use on Inter-Local Agreement with Lansing ..... 1

# City of Leavenworth Transparency Report

## 2021 EPA Report - January 1 - June 30



City of  
**LEAVENWORTH** Kansas

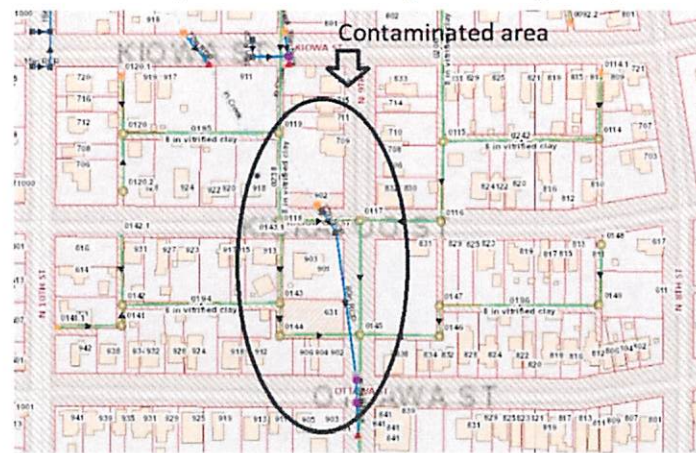
Government Departments Community How Do I?



### PUBLIC WORKS

TRASH AND RECYCLING	
INSPECTIONS AND PERMITS DIVISION	+
KDHE ANNUAL STORMWATER REPORTS	+
STORMWATER PROJECTS	
STREET MAINTENANCE	+

### 918 Kickapoo St. Transparency Report



### UPCOMING EVENTS

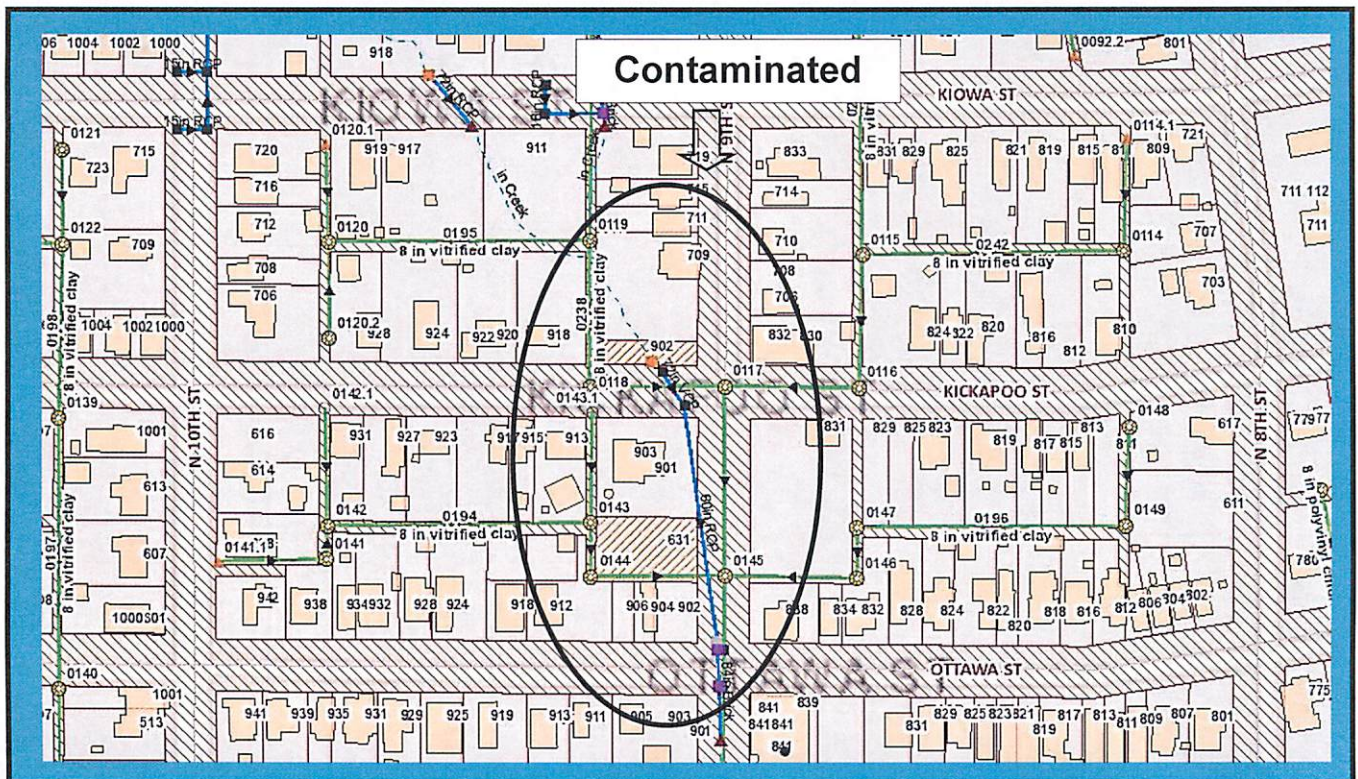
- Free First Saturdays  
08/07/2021 - 8:30am
- Free First Saturdays  
09/04/2021 - 8:30am
- Free First Saturdays  
10/02/2021 - 8:30am

[View the Public Works Calendar](#)

# TRANSPARENCY REPORT

## 900 Block of Kickapoo Street

At approximately 12:57 p.m. on April 6, 2021, Water Pollution Control (WPC) was notified of a sewer smell and discolored water running into the creek. WPC responded to the call and determined that sewage was backing up in the City main - between the 900 block of Kickapoo Street and the 900 block of Kiowa Street. This backup caused the sanitary sewer to surcharge and overflow from the main near manhole 0119. City staff cleared the blockage in the main, and the bypass (overflow) of the system ended at 1:45 p.m. City staff cleaned the creek area and pumped wastewater back into manhole 0117. WPC estimated 4,700 gallons of wastewater were released from the system. The WPC placed contamination signs along the creek in the impacted area and pulled samples to determine E-Coli levels. The signs were removed when the E-Coli levels in the creek were within acceptable limits set by KDHE. The City requested that residents stay away from the creek water until signs were removed. The affected areas were from the 900 block of Kiowa to the 900 block of Ottawa Street.







# SANITARY SEWER OVERFLOWS

JANUARY 2021



**City of Leavenworth - Water Treatment Plant - January 1, 2021- June 30, 2021**

**Sanitary Sewer Overflow (SSO)**

No.	Date	Address	Nature of Problem	SSO	Problem	Transparency Rpt	Cause	Solution
1	1/7/21	390 Limit St.	Sewage backing up into store late last night into most of the drains	Y	PLT	No	Private lateral blocked	Plumber cleared problem
2	1/7/21	1220 Spruce St.	Raw sewage is coming up in his basement	Y	CLT	No	Roots in city line	Cleared and root treated line
3	1/4/21	2804 S. 16th St.	Sewage is coming up through basement drains	Y	PLT	No	Private lateral blocked	Plumber cleared problem
4	1/11/12	712/714 Terrace Rd.	Basement drains are backing up	Y	PLT	No	Private lateral blocked	Plumber cleared problem
5	1/13/21	6th & Cheyenne	Manhole is backing up	Y	CLT	No	City line blocked	Contractor caused and they repaired manhole they knocked off
6	1/5/21	908 Pawnee St.	Sewer in basement	Y	PLT	No	Private lateral blocked	Plumber cleared problem
7	1/20/21	1332 Delaware St.	Backing up into floor drains	Y	CLT	No	City line blocked	Roots and grease cleared by city staff
8	2/1/21	902 Olive St.	Sewer is in street	Y	PLT	No	Private lateral blocked	Plumber cleared problem
9	2/17/21	1201 S. Lawrence Ave.	Sewage leaking from cleanout	Y	PLT	No	Private lateral blocked	Plumber cleared problem
10	2/25/21	1031 Osage St.	Resident pumping sewage to street	Y	PLT	No	Private lateral blocked	Homeowner repaired line
11	2/26/21	211 S. 10th St.	Sewer backing up in basement	Y	CLT	No	City line blocked	City staff cleared city main
12	3/3/21	714 Terrace Rd.	Sewage around cleanout in yard	Y	PLT	No	Private lateral blocked	Plumber cleared problem
13	3/11/21	3008 Girard St.	Sewage in basement	Y	PLT	No	Private lateral blocked	Plumber cleared problem
14	3/12/21	1401 S. 4th St.	Restrooms lines are backing up	Y	PLT	No	Private lateral blocked	Plumber cleared problem
15	2/25/21	1031 Osage	Sewage in street from line repair	Y	PLT	No	Private lateral blocked	Homeowner repaired line
16	3/25/21	100 Highway Terrace	Grinder pump bypass	Y	PLT	No	Grinder pump stopped working	Plumber cleared problem
17	3/25/2021	1800 S. 2nd St.	Maintenance of trickling filter	Y	Plant	No	Trickling filter maintenance	City staff corrected problem
18	4/5/2021	1723 Marion St.	Sewage in basement	Y	PLT	No	Private lateral blocked	Plumber cleared problem
19	4/5/2021	9th & Kickapoo	Strong sewer smell in area	Y	CLT	Yes	City line blocked	City staff cleared city main
20	4/15/2021	936 Columbia St.	Sewage from ground	Y	PLT	No	Private lateral blocked	Plumber cleared problem
21	4/18/2021	1207 Quincy	Backup in basement	Y	PLT	No	Private lateral blocked	Homeowner repaired line
22	4/16/2021	605 Ottawa St.	Sewage from neighbors in yard	Y	PLT	No	Private lateral blocked	Plumber cleared problem
23	4/24/2021	1317 3rd Ave.	Resident experiencing back up	Y	CLT	No	City line blocked	City staff cleared city main
24	4/30/2021	1243 Limit St.	Basement drains are backing up	Y	PLT	No	Private lateral blocked	Boring company hit lateral and also repaired.
25	5/2/2021	2502 S 17th St.	Sewage in back yard	Y	CLT	No	City line blocked	City staff cleared city main
26	5/10/2021	2212/2214 Girard St.	Sewage in basement	Y	PLT	No	Private lateral blocked	Boring company hit lateral and also repaired.
27	5/14/2021	900 Broadway St.	Sewage in basement	Y	PLT	No	Private lateral blocked	Plumber cleared problem
28	5/25/2021	1323 Kansas St.	Backing up into floor drains	Y	CLT	No	City line blocked	City staff cleared city main
29	6/7/2021	601 N. 10th St.	Sewage in basement	Y	CLT	No	City line blocked	City staff cleared city main
30	6/14/2021	1426 9th Ave.	Sewage in backing up into neighbor's yard	Y	PLT	No	Private lateral blocked	Plumber cleared problem
31	6/14/2021	709 Walnut St.	Heavy rain sewage backs up comes out pipe	Y	PLT	No	Private lateral blocked	Plumber cleared problem
32	6/17/2021	900 S. Broadway St.	Water out of cleanout	Y	PLT	No	Private lateral blocked	Plumber cleared problem
33	6/23/2021	1001 Olive St.	Sewage back up	Y	PLT	No	Private lateral blocked	Plumber cleared problem
34	6/30/2021	Broadway @ Shawnee	Sewage out of manhole	Y	CLT	No	Heavy rain flooded manhole	Rain ceased manhole inspected

1st Half of 2021	
SSO	34
City Line Overflows	10
Private Line Overflows	23
Plant	1
Lift station	0
Ft. Leavenworth	0
Contractor caused from private lines	2
Transparency report	1

CLT	City Line Problem
PLT	Private Line
Plant	WPC

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

Definitions are available at <http://www.kdheks.gov/water/tech.html>

Collection  In-Plant  In-Plant   
System Bypass  Diversion  Upset  Flow Through  Spill

1. FACILITY NAME: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 1.5.21 Time: 8:47 am

3. Date Incident Discovered: 1.4.21 Time: 11:09 am  
4. Date Incident Ended: 1.12.21 Time: 8:20 am  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 15 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

2804 S 16<sup>th</sup> St.

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 checked="" 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)  
private line blocked.

9. Corrective Action, if any: (use additional page if necessary)  
Needed to get plumber to clean private line.

Name: Tim Guardado Date: 1.12.21  
Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 1.5.21 Time: 8:10 pm

3. Date Incident Discovered: 1.5.21 Time: 3:58 pm  
4. Date Incident Ended: 1.12.21 Time: 2:30 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 45 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

**908 Pawnee St**

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 checked="" 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)

Private line was blocked.

9. Corrective Action, if any: (use additional page if necessary)

Homeowner (Larry Patterson) had McCann plumbing out to clean line. City called 1.15.21 to get an Update and they said it had been done on 1.12.21

Name: Tim Guardado Date: 1.15.21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

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KDHE Person Contacted: Chris Seeds Date: 1.8.21 Time: 7:48 am

3. Date Incident Discovered: 1.7.21 Time: 7:35 pm  
4. Date Incident Ended: 1.7.21 Time: 8:53 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 30 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

**1220 Spruce St** contained to basement.

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 checked="" 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)

City line blocked with roots and grease.

9. Corrective Action, if any: (use additional page if necessary)

City crews cleared blockage in line. Crews are inspecting line to see if any damage to city mian.

Name: Tim Guardado Date: 1.8.21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)

Kansas Department of Health & Environment – Attn: Chris Seeds  
Or Mail to: 1000 SW Jackson St., Suite 420, Topeka , KS 66612-1367  
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KDHE Person Contacted: Chris Seeds Date: 1.8.21 Time: 7:48 am

3. Date Incident Discovered: 1.7.21 Time: 5:35 pm  
4. Date Incident Ended: 1.7.21 Time: 7:43 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 25 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

**390 Limit St. this is CVS Pharmacy.** The backup was in the restrooms

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 checked="" 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)

Private line was blocked with rags

9. Corrective Action, if any: (use additional page if necessary)

CVS had plumber on-site. The cleared a massive paper towel clog. Which they forced into city main.

City crews cleaned city main after plumber finished.

Name: Tim Guardado Date: 1.8.21  
Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**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: Leavenworth, City of      Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds      Date: 1.12.21      Time: 7:25 am

3. Date Incident Discovered: 1.11.21      Time: 8:40 am  
4. Date Incident Ended: 1.11.21      Time: 9:47 am  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 20 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
    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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

Identify **All** Incident Locations by Name, Street Address or Manhole Number as appropriate.  
**712/714 Terrace Rd.**

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 checked="" 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)  
Washing machines overflows line. Sewage comes out in basement

9. Corrective Action, if any: (use additional page if necessary)  
Plumber on-site making repairs.

Name: Tim Guardado      Date: 1.12.21  
Title: Superintendent      Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 1.13.21 Time: 3:11 pm

3. Date Incident Discovered: 1.13.21 Time: 1:30 pm  
4. Date Incident Ended: 1.13.21 Time: 3:00 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 40 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station     | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin       | <input type="checkbox"/> Basement                                  |
| <input checked="" type="checkbox"/> Manhole(s) | <input type="checkbox"/> Other (specify below)                     |

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

manhole 0011.1 at 6<sup>th</sup> Cheyenne St.

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 checked="" 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)

Contractor in area redoing sidewalk around manhole. Moved manhole riser which allowed dirt to Get in line and block line.

9. Corrective Action, if any: (use additional page if necessary)

City crews removed debris from line and cleaned spill area.

Name: Tim Guardado Date: 1.14.21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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



**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: Leavenworth, City of      Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds      Date: 1.20.21      Time: 3:40 pm

3. Date Incident Discovered: 1.20.21      Time: 12:50 pm  
4. Date Incident Ended: 1.20.21      Time: 1:20 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 10 Gallons  
6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

**1332 Delaware St.** confined to basement right around floor drain.

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 checked="" 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)

City line blocked with roots and grease.

9. Corrective Action, if any: (use additional page if necessary)

City crews cleaned line with Jet truck 3374 to clear blockage. City crews followed up with CCTV Inspection.

Name: Tim Guardado      Date: 1.21.21

Title: Superintendent      Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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



# SANITARY SEWER OVERFLOWS

FEBRUARY 2021



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

Definitions are available at <http://www.kdheks.gov/water/tech.html>

Collection  In-Plant  In-Plant  Spill   
System Bypass  Diversion  Upset  Flow Through

1. FACILITY NAME: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 2.1.21 Time: 2:35 pm

3. Date Incident Discovered: 2.1.21 Time: 10:26 am

4. Date Incident Ended: 2.1.21 Time: 5:00 pm

5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 15 gallons

6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input checked="" type="checkbox"/> Private Sewer Line             |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

910 Olive St. the clean out is in the neighbor's yard at 902 Olive St. SSO out of the cleanout

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 checked="" 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)

Pulled Personal wipes out of line.

9. Corrective Action, if any: (use additional page if necessary)

Homeowner had Walt's Plumbing to clear line. Pulled personal wipes out of line.

Name: Tim Guardado Date: 2.2.21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

Definitions are available at <http://www.kdheks.gov/water/tech.html>

Collection  In-Plant  In-Plant  Spill   
System Bypass  Diversion  Upset  Flow Through

1. FACILITY NAME: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 2.17.21 Time: 3:54 pm

3. Date Incident Discovered: 2.17.21 Time: 3:05 pm  
4. Date Incident Ended: 2.17.21 Time: 4:00 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 20 Gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input checked="" type="checkbox"/> Private Sewer Line             |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

1201 S Lawrence Ave out of Cleanout

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 checked="" 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)

Private line we blocked

9. Corrective Action, if any: (use additional page if necessary)

Homeowner had JF Denney out to clean line out. City crews cleaned area around cleanout and put Lime down.

Name: Tim Guardado Date: 2.18.21

Title: Superintendent Phone 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

Definitions are available at <http://www.kdheks.gov/water/tech.html>

Collection  In-Plant  In-Plant   
System Bypass  Diversion  Upset  Flow Through  Spill

1. FACILITY NAME: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 2.26.21 Time: 6:12 am

3. Date Incident Discovered: 2.25.21 Time: 4:45 pm  
4. Date Incident Ended: 2.25.21 Time: 5:50 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 20 Gallon  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

1031 Osage St. Homeowner had dug up private lateral. In his excavation area he was pumping the sewage out and into the street.

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 checked="" 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)

Homeowners line was full of roots. He augured his line out.

9. Corrective Action, if any: (use additional page if necessary)

City crews cleaned up area. CCTV'd main to confirm his lateral and that he had roots in his line but Line was flowing. Homeowner was going to auger his line again.

Name: Tim Guardado Date: 3.1.21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 2/26/21 Time: 6:12 am

3. Date Incident Discovered: 2/25/21 Time: 4:45 pm  
4. Date Incident Ended: 2/25/21 Time: 5:50 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 5 to 10 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint)
<input type="checkbox"/> Lift/Pump Station	<input type="checkbox"/> Private Sewer Line
<input type="checkbox"/> Peak Flow Basin	<input type="checkbox"/> Basement
<input type="checkbox"/> Manhole(s)	<input checked="" type="checkbox"/> Other (specify below)

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

1031 Osage St – Sewage was contained to an excavation site & was then being pumped out into The street.

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 checked="" 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)

Roots in his private lateral.

9. Corrective Action, if any: (use additional page if necessary)

We told Mr. Martin to stop pumping sewage into street. We then vactored up sewage from street and He then made repairs to his private service lateral.

Name: Tim Guardado Date: 3/20/21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

Definitions are available at <http://www.kdheks.gov/water/tech.html>

Collection  In-Plant  In-Plant   
System Bypass  Diversion  Upset  Flow Through  Spill

1. FACILITY NAME: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 2.26.21 Time: 3:33pm

3. Date Incident Discovered: 2.26.21 Time: 8:35 am  
4. Date Incident Ended: 2.26.21 Time: 2:30 am  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 60 Gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

211 N 10<sup>th</sup> St. Basement of the house had sewage

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 checked="" 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)

City main was partially blocked.

9. Corrective Action, if any: (use additional page if necessary)  
City crew used Jet truck to clean out city's main line. After line was cleaned sewage went out of Basement back into sewer line.

Name: Tim Guardado Date: 3.1.21  
Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

# SANITARY SEWER OVERFLOWS

MARCH 2021



**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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 3.4.21 Time: 12:53 pm

3. Date Incident Discovered: 3.3.21 Time: 5:23 pm  
4. Date Incident Ended: 3.3.21 Time: 5:42 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 20 Gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

714 Terrace Rd, sewage overflowing out of cleanout at side of house. Sewage appeared to be dry and wasn't overflowing while we were there. Cleanout was backed up with standing water.

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 checked="" 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)

Private line blocked

9. Corrective Action, if any: (use additional page if necessary)

City crews checked city main and found no problems. Homeowner was notified to call a plumber to get Private line open. Plumber repaired line at 4:00 pm 3.4.21.

Name: Tim Guardado Date: 3.4.21

Title: Superintendent Phone: 913-682-1090

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Kansas Department of Health & Environment – Attn: Chris Seeds  
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Fax 785.296.0086

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

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Collection System Bypass  In-Plant Diversion  Upset  In-Plant Flow Through  Spill

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2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 3.11.21 Time: 3:40 pm

3. Date Incident Discovered: 3.11.21 Time: 1:55 pm

4. Date Incident Ended: 3.11.21 Time: 3:00 pm

5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 25 gallons

6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

3008 Girard St. backup in basement

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 checked="" 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)

private line was backed up.

9. Corrective Action, if any: (use additional page if necessary)

City crews checked all Sanitary mains in area no issues found. Homeowner was advised to call a Plumber.

Name: Tim Guardado Date: 3.12.21

Title: Superintendent Phone: 913-682-1090

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**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
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Collection System Bypass  In-Plant Diversion  Upset  In-Plant Flow Through  Spill

1. FACILITY NAME: Leavenworth, City of Kansas Permit # M-MO12-IO01  
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KDHE Person Contacted: Chris Seeds Date: 3.12.21 Time: 3:26 pm

3. Date Incident Discovered: 3.12.21 Time: 1:31 pm

4. Date Incident Ended: 3.12.21 Time: 2:05 pm

5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 15 gallons

6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

1401 S 4<sup>th</sup> St. toilets had overflowed onto the floor.

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 checked="" 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)

Private lateral was blocked.

9. Corrective Action, if any: (use additional page if necessary)

City crews checked sanitary mains in area and found no problems. Business (Lend Nation) had a Plumber on the way.

Name: Tim Guardado Date: 3.12.21

Title: Superintendent Phone: 913-682-1090

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**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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
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KDHE Person Contacted: Chris Seeds Date: 3.25.21 Time: 12:06pm

3. Date Incident Discovered: 3.25.21 Time: 10:30 am

4. Date Incident Ended: 3.25.21 Time: 10:32 am

5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 1,000 gallons

6. If rainfall induced event, approximate inches of rainfall n/a

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

7. Incident Location: (check all that apply)

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

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

1800 S 2<sup>nd</sup> St bypassed during maintenance/inspection of Trickling Filter.

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 checked="" 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)

During inspection/maintenance of our Trickling Filter we shut down pumps. We were trying to Return to service but it went over the overflow.

9. Corrective Action, if any: (use additional page if necessary)

We are going to get our isolation valve repaired. Will be getting quotes and putting it to our city Commission.

Name: Tim Guardado Date: 3.29.21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)

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**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

Definitions are available at <http://www.kdheks.gov/water/tech.html>

Collection  In-Plant  In-Plant   
System Bypass  Diversion  Upset  Flow Through  Spill

1. FACILITY NAME: Leavenworth, City of Kansas Permit # M-MO12-IO01  
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KDHE Person Contacted: Chris Seeds Date: 3.25.21 Time: 12:06 pm

3. Date Incident Discovered: 3.25.21 Time: 6:30 am  
4. Date Incident Ended: 3.25.21 Time: 7:30 am  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 300 Gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

100 Highway Terr. CoreCivic there grinder pump station.

8. Cause of Incident:

- |   |   |
|---|---|
| <input type="checkbox"/> Intentional Bypass for Repair/Construction | <input checked="" 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)

Grinder pump got plugged and stopped working

9. Corrective Action, if any: (use additional page if necessary)

Bypassed the grinder pump. Had Reddi Services come out and repair there pump. Reddi Services Finished at 11:30 am.

Name: Tim Guardado Date: 3.29.21

Title: Superintendent Phone 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)

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Fax 785.296.0086



# SANITARY SEWER OVERFLOWS

APRIL 2021



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

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Collection System Bypass       In-Plant Diversion       Upset       In-Plant Flow Through       Spill

1. FACILITY NAME: Leavenworth, City of      Kansas Permit # M-MO12-IO01  
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KDHE Person Contacted: Chris Seeds      Date: 4/5/21      Time: 1:36pm

3. Date Incident Discovered: 4/5/21      Time: 12:42pm

4. Date Incident Ended: 4/5/21      Time: 1:30pm

5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 10 gallons

6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

**1723 Marion St** basement

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 checked="" 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)

Private line blocked. City Staff checked mains in area and found no problems.

9. Corrective Action, if any: (use additional page if necessary)

Home owner will need to contact a plumber

Home owner called Reddi Services to clean out line today 4/6/21

Name: Tim Guardado      Date: 2/5/21

Title: Superintendent      Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)

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**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

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Collection System Bypass       In-Plant Diversion       Upset       In-Plant Flow Through       Spill

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KDHE Person Contacted: Chris Seeds      Date: 4/6/21      Time: 4:11pm

3. Date Incident Discovered: 4/6/21      Time: 12:57pm

4. Date Incident Ended: 4/6/21      Time: 1:45pm

5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 4700 gallons

6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

Bypassed from the ground above main 2ft to 3ft north of MH# 0119 and NE of 918 Kickapoo St

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 checked="" 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)

Flush truck crew pulled some rags and roots from main. Staff also CCTV main to check for any Issues in main.

9. Corrective Action, if any: (use additional page if necessary)

Remove roots from main and have it put on root treatment list. City staff used pump to remove sewage From creek. They used flush truck to push the sewage to the pump. Transparency report added to

Webpage.

Name: Tim Guardado      Date: 4/6/21

Title: Superintendent      Phone: 913-682-1090

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Collection System Bypass       In-Plant Diversion       Upset       In-Plant Flow Through       Spill

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KDHE Person Contacted: Chris Seeds      Date: 4.16.21      Time: 7:21 am

3. Date Incident Discovered: 4.15.21      Time: 10:57 am  
4. Date Incident Ended: 4.15.21      Time: 11:23 am  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 2 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
    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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input checked="" type="checkbox"/> Private Sewer Line             |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

Call came in from 936 Columbia. Sewage had seeped through the ground at this address. The Lateral is actually from the house at 736 Frank St.

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 checked="" 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)  
Private lateral from house at 736 Frank was blocked and leaking through ground.

9. Corrective Action, if any: (use additional page if necessary)  
City crews checked city mains found no issues. Determined the lateral was from 736 Frank. Made Contact with them. Homeowner got plumber to repair blockage in private lateral.

Name: Tim Guardado      Date: 4.15.21  
Title: Superintendent      Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)  
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Collection System Bypass       In-Plant Diversion       Upset       In-Plant Flow Through       Spill

1. FACILITY NAME: Leavenworth, City of      Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds      Date: 4.16.21      Time: 4:07 pm

3. Date Incident Discovered: 4.16.21      Time: 2:00 pm  
4. Date Incident Ended: 4.20.16      Time: 4:00 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 50 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
    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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

**605 Ottawa St.** in the back yard. There is a cleanout for the neighbor's house at 603 Ottawa St. The Sewage was coming out of cleanout in 605 Ottawa's yard.

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 checked="" 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)

City staffed check the city main in area. No problems were found. Made contact with 603 Ottawa St. And they got J.F. Denney to clear their line.

Name: Tim Guardado      Date: 4.22.21

Title: Superintendent      Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**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: Leavenworth, City of      Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds      Date: 4.18.21      Time: 2:18 pm

3. Date Incident Discovered: 4.18.21      Time: 12:15pm  
4. Date Incident Ended: 4.18.21      Time: 2:00 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: Unknown  
6. If rainfall induced event, approximate inches of rainfall n/a  
    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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

1207 Quincy St. according to the resident there was sewage around the drain before City staff Arrived. Water had went down prior to staff arriving.

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 checked="" 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)

Private line blocked.

9. Corrective Action, if any: (use additional page if necessary)

Resident rodded lateral before city crews arrived. Cleared blockage and cleaned area with bleach.

Name: Tim Guardado

Date: 4.20.2021

Title: Superintendent

Phone 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 4.24.21 Time: 10:17 pm

3. Date Incident Discovered: 4.24.21 Time: 3:23 pm  
4. Date Incident Ended: 4.24.21 Time: 4:18 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 25 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

1317 3<sup>rd</sup> Ave. the basement of the house had sewage in it.

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 checked="" 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)

City Staff cleaned city main pulled grease from line.

9. Corrective Action, if any: (use additional page if necessary)

City staff cleared line of obstruction. Appeared to be grease in line.

Name: Tim Guardado Date: 4.26.21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**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: Leavenworth, City of      Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds      Date: 4.30.21      Time: 3:55 pm

3. Date Incident Discovered: 4.30.21      Time: 12:35 pm  
4. Date Incident Ended: 4.30.21      Time: 1:50 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: unknown  
6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

1243 Limit St. floor in house was wet. Homeowners had cleaned up house before city staff Arrived.

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 checked="" 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)

Ronan boring crews had bored through lateral.

9. Corrective Action, if any: (use additional page if necessary)

Plumber was called by homeowner. Ronan boring company was to pay for repairs.

Name: Tim Guardado      Date: 5.3.21

Title: Superintendent      Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

# SANITARY SEWER OVERFLOWS

MAY 2021

**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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 5.3.21 Time: 7:27 am

3. Date Incident Discovered: 5.2.21 Time: 11:10 am  
4. Date Incident Ended: 5.2.21 Time: 2.46 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 4,500 gallons estimated  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

2502 S 17<sup>th</sup> St. City main runs through the woods. Near manhole 1844 sewage was coming up through the ground.

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 checked="" 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)

City staff tried to use regular nozzles and couldn't get through the blockage. CCTV inspected the main and found it was completely blocked by roots.

9. Corrective Action, if any: (use additional page if necessary)

City line was cleared of roots. Follow up inspection will take place. Line will be put on root list for Treatment. Sewage was in back yard of homes. Cleaned and put lime down in area.

Name: Tim Guardado Date: 1:21 pm

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**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: Leavenworth, City of      Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds      Date: 5.11.21      Time: 8:08am

3. Date Incident Discovered: 5.10.21      Time: 11:00 am  
4. Date Incident Ended: 5.10.21      Time: 11:45 am  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 50 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
    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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

**2212/2214 Girard**

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 checked="" 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)

Westland Construction was digging in front yard and hit private lateral causing sewage to backup in Basement of duplex

9. Corrective Action, if any: (use additional page if necessary)

Westland construction repair lateral.

Name: Tim Guardado

Date: 5.11.21

Title: Superintendent

Phone 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)

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



**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: Leavenworth, City of      Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds      Date: 5.14.21      Time: 2:02 pm

3. Date Incident Discovered: 5.14.21      Time: 12:45 pm  
4. Date Incident Ended: 5.14.21      Time: 1:50 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 35 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
    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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

900 S Broadway back up was in basement and ground floor bathroom.

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 checked="" 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)

Private lateral blocked

9. Corrective Action, if any: (use additional page if necessary)

City staff checked city mains in area. No problems found. Wesley properties was called and they had Plumber (Kevin Lis) clear lateral blockage.

Name: Tim Guardado      Date: 5.19.21

Title: Superintendent      Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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





# SANITARY SEWER OVERFLOWS

JUNE 2021



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

Definitions are available at <http://www.kdheks.gov/water/tech.html>

Collection  In-Plant  In-Plant   
System Bypass  Diversion  Upset  Flow Through  Spill

1. FACILITY NAME: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 6/7/21 Time: 1:08pm

3. Date Incident Discovered: 6/7/21 Time: 11:30 am  
4. Date Incident Ended: 6/7/21 Time: 12:45 PM  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 10 Gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input checked="" type="checkbox"/> Basement                       |
| <input type="checkbox"/> Manhole(s)        | <input type="checkbox"/> Other (specify below)                     |

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

601 N 10<sup>th</sup> St. sewage was confined to the basement.

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 checked="" 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)

City main was blocked pulled grease from the line.

9. Corrective Action, if any: (use additional page if necessary)  
City staff used Flush Truck to clear line of grease.

Name: Tim Guardado Date: 6/10/21  
Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 6/14/21 Time: 3:06 pm

3. Date Incident Discovered: 6/14/21 Time: 9:56 am  
4. Date Incident Ended: 6/14/21 Time: 10:40 am  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 10 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

709 Walnut clean out at south side of address. In the back yard of address.

Also clean out had some of debris but sewage was not coming out of C/O at that time.

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 checked="" 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)

Clean out South of address was backed up but not overflowing. But, there was sewage on the ground

9. Corrective Action, if any: (use additional page if necessary)

Homeowner was advised to call a plumber to make repairs to his service. On 6.18.21 homeowner

Called and said the a plumber had made the repairs.

Name: Tim Guardado Date: 6/16/21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

**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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
2. Within 24 hours of discovery, notify the KDHE Central Office (email – [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)), (fax 785.296.0086), (telephone 785.296.5517) or your local KDHE district office. Written notification is required within 5 days of discovery. If the incident is not corrected within 5 days, send a written notification to KDHE indicating the status. This form is to be sent to KDHE when the incident ends.

KDHE Person Contacted: Chris Seeds Date: 6/14/21 Time: 4:14pm

3. Date Incident Discovered: 6/14/21 Time: 3:24pm

4. Date Incident Ended: 6/14/21 Time: 4:05pm

5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 1 gallons

6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

1426 9<sup>th</sup> Ave Back up was contained to 12 " dia area around clean out on north side of address.

Also clean out had some small amounts of debris but sewage was not coming out of C/O at that time.

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 checked="" 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)

Clean out North of address was not backed up but had evidence of a previous back up around C/O

9. Corrective Action, if any: (use additional page if necessary)

Homeowner was advised to call a plumber to make repairs to his service. On 6-16-21 Anthony Plumbing was on site making repairs to his service and his service line was open and flowing.

Name: Tim Guardado Date: 6/16/21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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

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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
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KDHE Person Contacted: Chris Seeds Date: 6/17/21 Time: 3:53 pm

3. Date Incident Discovered: 6/17/21 Time: 3:00 pm  
4. Date Incident Ended: 6/17/21 Time: 3:35 pm  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 3 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a  
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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

**900 S Broadway** sewage was around a cleanout in the backyard.

Also clean out had some small amounts of debris but sewage was not coming out of C/O at that time.

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 checked="" 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)

Clean out was not backed up but had evidence of a previous back up around C/O

9. Corrective Action, if any: (use additional page if necessary)

Wesley Property Management informed us they had plumber Kevin List to cleanout private lateral. City Staff cleaned up area around clean out.

Name: Tim Guardado Date: 6/24/21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)

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

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
WASTEWATER INCIDENT REPORT FORM**

Definitions are available at <http://www.kdheks.gov/water/tech.html>

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1. FACILITY NAME: Leavenworth, City of Kansas Permit # M-MO12-IO01  
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KDHE Person Contacted: Chris Seeds Date: 6/23/21 Time: 3:35 pm

3. Date Incident Discovered: 6/23/21 Time: 11:15 am  
4. Date Incident Ended: 6/23/21 Time: 12:05 am  
5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: 6 gallons  
6. If rainfall induced event, approximate inches of rainfall n/a

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin   | <input type="checkbox"/> Basement                                  |
| <input type="checkbox"/> Manhole(s)        | <input checked="" type="checkbox"/> Other (specify below)          |

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

1001 Olive St. sewage had been flowing out of cleanout.

Also clean out had some small amounts of debris but sewage was not coming out of C/O at that time.

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 checked="" 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)

Private line blocked

9. Corrective Action, if any: (use additional page if necessary)

Home owner was advised to call a plumber. City inspector notified me on 9/25 that the plumber had The line.

Name: Tim Guardado Date: 6/28/21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.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



**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: Leavenworth, City of Kansas Permit # M-MO12-IO01  
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KDHE Person Contacted: Chris Seeds Date: 7/1/21 Time: 4:03 pm

3. Date Incident Discovered: 6/30/21 Time: 5:02pm

4. Date Incident Ended: 6/30/21 Time: 5:02pm

5. Total estimated gallons bypassed, spilled, or routed through failed equipment for all locations on this form: unknown

6. If rainfall induced event, approximate inches of rainfall 1.29"

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 (Line Break / Joint) |
| <input type="checkbox"/> Lift/Pump Station     | <input type="checkbox"/> Private Sewer Line                        |
| <input type="checkbox"/> Peak Flow Basin       | <input type="checkbox"/> Basement                                  |
| <input checked="" type="checkbox"/> Manhole(s) | <input type="checkbox"/> Other (specify below)                     |

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

N. Broadway @ Shawnee St. out of manhole 0232.2

8. Cause of Incident:

- |   |  |
|---|--|
| <input type="checkbox"/> Intentional Bypass for Repair/Construction | <input type="checkbox"/> Equipment Failure           |
| <input checked="" 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)

Excessive rainfall over an inch

9. Corrective Action, if any: (use additional page if necessary)

Rainfall stopped and manhole stopped bypassing. Just received and email of bypass after it was over.

Name: Tim Guardado Date: 7/7/21

Title: Superintendent Phone: 913-682-1090

When Completed, E-mail to: [chris.seeds@ks.gov](mailto:chris.seeds@ks.gov)

Or Mail to: Kansas Department of Health & Environment – Attn: Chris Seeds

1000 SW Jackson St., Suite 420, Topeka, KS 66612-1367

Fax 785.296.0086

**CITY of LEAVENWORTH WASTEWATER TREATMENT PLANT****JANUARY 1, 2021 - JUNE 30, 2021****MAINTENANCE LOG**

<b>NO.</b>	<b>LOCATION</b>	<b>UP/DOWN MH</b>	<b>FOOTAGE</b>	<b>REASON/PROBLEM</b>
1	1320 S. 4th Street	0619-0627	374	Sags 112' from MH 4207
2	210 Elm Street	0614-0613.1	620	MH 0613.1 collects debris
3	306 S. 3rd Street	0195-0194	408	Severe sags
4	100 N. 5th Street	0228-0227	828	Sewer smell in City Hall
5	401 Delaware Street	0270-0269.1	391.5	Sags and grease
6	914 Broadway Street	0065-0065.1	180	Sags and grease
7	744 Pottawatomie	0165.1-0166	1000	Clean downstream flat
8	8TH & Pottawatomie	0167-0168	200	Sags and grease
9	611 N. Broadway	0150.2-0150.1	55	Line is flat
10	11th & Kiowa	0125.1-0125	200	Severe sags
11	1500 Pawnee Street	1160-1635	501	Sags 28' East MH 1159
12	14th & Miami	1291-1290	168	Sags
13	2049 Marjorie Circle	1764-1763	144	Severe offset in joints and roots
14	Grand Avenue & Ironmoulders	0436-0436.1	159	Severe sags
15	705 Scott Street	0526-0536.2	218	Roots
16	2109 S. 4th Street	0657.2-0657.1	20	Grease buildup
17	503 Spencer Place	2437-2417-2416	475	Debris buildup in MH 2415
18	3917 Lakeview Drive	1981.2-1981	414.7	Light to medium grease
19	Cody Park	1443-1404	114	Creek crossing roots
20	2019 S. 3rd Animal Control	1895 - clean out	170'	Line flat collects debris
21	725 Kiowa Street	112.3-151.1	195'	Grease and rag buildup

# Dukes Root Contract 2021


## 2021 Proposed Root List

No.	Manhole Numbers Up/Down	Address	Approx. Footage	Pipe Size	Location	
1	1981-2021	3906 Lakeview Drive	174	8"	Street	
2	2021-2021.1		210			
3	1695-1694	1600 Valhalla Place	162		Front Yard	
4	1694-1693		304			
5	0959-0897	2301 Spring Garden Street	278		Street	
6	0186-0185	781 Pottawatomie Street	350		Alley	
7	0279-0278.1	311 S. 10th Street (Reverse CCTV)	333		Back Yard	
8	0280-0279.1	1000 Sherman Avenue (Push CCTV)	250		Driveway	
9	0174-0177	405 N. 11th Street	324		Alley	
10	2289-1236	1375 Sherman Avenue	251		Back Yard	
11	1215-1236	1309 Cherokee Street	311		Alley	
12	1104-1104.1	1515 Delaware Street	225			
13	1104-1-1105		177			
14	0241-0242	1305 Delaware Street	210		Street	
15	0242-0243	13th & Delaware Street	633			
16	1545-1544	1416 Kiowa Street	322			
17	1116-1117	Kiowa Street & 13th Terrace	328			
18	0815-0812	1602 Osage Street	370			
19	1782-1781	1712 Pawnee Court	151			Sidewalk
20	1781-1780	1715 Pawnee Court	253			Front Yard
21	1275-1274	1810 High Street	314		Alley	
22	0392-0393	1230 Spruce Street	168		Back Yard	
23	0977-0977.1	2300 Kingman Street	295			
24	0978-0977	2200 Kingman Street	280		Street	
25	0446-0445	1301 Klemp Street	253		Alley/Street	
26	0552-0571	1301 4th Avenue	374		Street	
27	1096-1095	2600 4th Avenue	308			
28	1094-1095	4th Avenue & Sherman Street	334			
29	0798-0797	522 Reaser Street	217			
30	0797-0796	526 Reaser Street	250			
31	0540-0538	1425 5th Avenue	240			
32	0537-0536.2	669 Prospect Street	190		Alley	
33	0567-0569	1114 2nd Avenue	273		Easement	
34	0937.1-0937	506 Sheridan Street	425			
35	0515-0517	729 Michigan Avenue	302		Street	
36	0514-0515	749 Michigan Avenue	320			
37	0592-0596	1505 S. 5th Street	432		Alley	
38	0641-0640	1800 Rose Street	315			
39	0669-0667	2613 S. 4th Street	177		Back Yard	
40	3029-3027	303 Montana Court	216		Street	
41	1730-1731	2407 S. 1st Street	360		Easement	
42	1731-1732		354			
43	1748-1747	68 Sheridan Street	250		Alley	
44	0342-0393	1220 Spruce Street	167			
45	0525-0528	729 Prospect	452.1			
46	1195-1194	13th Terrace & Ottawa Street	275		12"	Easement
47	0700-0699.1	417 N. 15th Street	300			Street
48	3002-3003	Logan Street & State Street	336			
			12882.1	8"	\$21,770.75	
			911	12"	\$1,840.22	
				<b>Total</b>	<b>\$23,610.97</b>	



# DUKE'S

Root Control, Inc.

# INVOICE

No. 18735

1020 Hiawatha Blvd, West  
Syracuse, NY 13204-1131  
(800) 447-6687 (315) 475-4203 (FAX)

SOLD  
TO

TIM GUARDADO  
CITY OF LEAVENWORTH  
1800 S 2ND STREET  
LEAVENWORTH, KS 66048

Auth By TIM GUARDADO  
Dept. SEWER MAINTENANCE

Job Number	Cust #	Invoice Date	Customer PO #	Ship Via	Product Code
21-0323	M6A04	3/26/2021	20210012	N/A	401
QUANTITY	UNIT	DESCRIPTION	PRICE	AMOUNT	
12,250.00	FEET	8" PIPE SEWER ROOT CONTROL	1.72	21,070.00	
717.00	FEET	10" PIPE SEWER ROOT CONTROL	1.89	1,355.13	
575.00	FEET	12" PIPE SEWER ROOT CONTROL	2.06	1,184.50	
Federal Tax Number: 75-3026801					
				NET INVOICE	23,609.63
				FREIGHT	0.00
				SALES TAX	0.00
				TOTAL	23,609.63

*paid*

TERMS: NET 30 DAYS

INVOICES NOT PAID WITHIN 30 DAYS ARE SUBJECT TO A SERVICE CHARGE OF 1 1/2% PER MONTH, WHICH IS AN ANNUAL RATE OF 18%

<b>WPC Training 2021</b>			
<b>Employee</b>	<b>Training Received</b>	<b>Date</b>	<b>Location - In House/Online</b>
Darrin Manna	Ferrous Safety PVS Technology	January 29, 2021	WPC
Manuel Carrera			
Samuel Lough			
Joe Kowalewski			
Patrick Fuimaono			
Tyriek Ford			
Chris Mogk			
Jon Lemke			
Mark Sedlock			
Tim Guardado			
Reggie Williams			
Tim Moore			
Patrick Fuimaono	Operation & Maintenance of Wastewater Collection Systems, Vol. 1	February 2021	California State University, Sacramento
Jon Lemke	Defensive Driving	April 13, 2021	Leavenworth PD
Christopher Mogk			
Manuel Carrera			
Reggie Williams			
Samuel Lough	Safety, Beginning Treatment & Lagoon Systems, Part A	April 2021	Office of Water Programs
Tyriek Ford			
Chris Mogk			

# Service Line Repair Program at a Glance

As Leavenworth's partner of choice since September of 2016, SLWA is honored to continue bringing residents affordable home repair solutions and superior service.

## ✓ Partnership Fast Facts

As of July 2021



- **Customizable Program:** Enables customizable and collaborative marketing efforts with Leavenworth on program offers and materials.
- **Contractor Standards:** Ensures that all work is done by local, licensed, insured contractors with the appropriate permits.
- **Something For Everyone:** Ability to apply for HomeServe Cares in the event of a home emergency if a customer meets the eligibility criteria and does not already hold a contract with SLWA.

## Company Facts at a Glance

- Founded in 1993 in the UK, expanding to the US in 2003
- Over 1,000 municipal, utility and association partners
- Over 4.7M customers; Over 8.2M contracts in the US
- Administers the NLC Line Warranty Program
- A+ rating with the BBB

## Contacts

Steve Bieranowski, Account Manager  
Phone: 347-551-0244  
Steve.Bieranowski@homeserveusa.com

Michael Oravitz, Account Director  
Phone: 412-290-4685  
Michael.Oravitz@homeserveusa.com