

New York State Department of Environmental Conservation

Division of Water

Bureau of Flood Protection and Dam Safety, 4th Floor

625 Broadway, Albany, New York 12233-3504

Phone: (518) 402-8185 • FAX: (518) 402-9029

Website: www.dec.ny.gov



Dam – Incident Report Form

6 NYCRR Part 673 requires Dam Owners to submit a written Incident Report to NYSDEC when either of the following incidents occurs at a Class C - High Hazard or a Class B - Intermediate Hazard dam:

- 1) Activation of the Emergency Action Plan (Part 673.7(h)); or
- 2) Flow through an erodible auxiliary spillway (Part 673.9);

Submit the completed form within 5 days of the end of the incident to:

NYSDEC - Dam Safety Section
625 Broadway, 4th floor
Albany, NY 12233-3504
phone: (518) 402-8185
fax: (518) 402-9029

NYS Dam ID No. : _____ Hazard Class: (circle one): B – Intermediate C – High

Dam Name: _____ Reservoir/Impoundment Name: _____

Dam Location: Street Address: _____

Town/City: _____ County: _____

Latitude: _____ Longitude: _____

Description of incident and cause(s): (Please Continue on Additional Pages as Necessary) _____

Start date, time of incident: ____ / ____ / ____, ____ : ____ (AM) (PM)

Was the Emergency Action Plan activated? (Yes) (No) If so, when? ____ / ____ / ____, ____ : ____ (AM) (PM)

Has the emergency ended? (Yes) (No) If so, when? ____ / ____ / ____, ____ : ____ (AM) (PM)

Did flow pass through an erodible Auxiliary Spillway? (Yes) (No)

Depth and Duration of Auxiliary Spillway flow: _____

Spillway/Auxiliary Spillway condition (did any damage occur?): _____

Immediate responses to incident: _____

Long term response to incident: _____

Contact Information

Dam Owner Name: _____ Form Prepared By: _____

Dam Owner Address: _____ Form Preparer's Phone: _____

_____ Form Preparer's Fax: _____

_____ Form Preparer's Email: _____

Dam Owner Phone: _____

Attach additional sheets, including maps, sketches or photos as necessary to fully describe the incident.