

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

625 Broadway, Albany, New York 12233-3500

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www.dec.ny.gov

INCIDENT REPORT

**State Pollutant Discharge Elimination System (SPDES)
General Permits (GP-0-16-001) OR (GP-0-19-001) for
Concentrated Animal Feeding Operation (CAFO)**

. If for any reason, the owner/operator knows or has reason to believe that the following has occurred:

1. There is a discharge of process wastewater to the waters of the State that causes deposition, substantial visible contrast or impacts to fish or other violations of 6NYCRR Parts 700 to 705; or
2. There is an overflow of manure, litter or process wastewater from a waste storage structure.
3. Any one of the conditions outlined in Part III.B.1 of the general permits for the discharge of Non-Contact Cooling Water are not met.

The owner/operator shall:

Notify the DEC Regional Office (contact list attached) orally within 24 hours from the time that the owner/operator becomes aware of the discharge or overflow as described above and submit this *CAFO Incident Report Form* to the DEC Regional Office within 5 business days of the event. The owner/operator shall use the *CAFO Annual Compliance Report Form* to report all other instances of non-compliance with permit conditions not listed on this *CAFO Incident Report Form*.

SECTION I: FACILITY INFORMATION

SPDES # _____

Facility Name: _____

Facility Address: _____

Facility County: _____

Facility Representative and Title: _____

DEC Region: _____

DEC Division of Water Contact: _____

Telephone No. : (_____) _____ - _____

Date: ____/____/____



**Department of
Environmental
Conservation**

SECTION II: INCIDENT DESCRIPTION – Attach additional sheets as necessary

Date of incident: ___/___/___ Duration of incident: _____

Volume of Discharge (in gals.) _____

Type of incident:

- Lagoon / Manure Storage (Overflow Discharge) Vehicle/Spreader
 Waste Transfer System Failure Field Run Off Production Area Run Off Spill
 Other

Description of incident(s) and cause(s) (include flow path to the receiving water and map/sketch if available):

Has Surface Water Been Impacted? (Y)___ (N) __ Distance To Nearest Surface Water Body _____

Surface Water Body Name _____

Describe the deposition of solids, substantial visual contrast and impact to aquatic organisms in the receiving water:

Has Groundwater Been Impacted? (Y) ___ (N) __ Have Public Water Wells Been Impacted? (Y) ___ (N) ___

Have Residential Wells Been Impacted? (Y) ___ (N) ___ How Many Wells? _____

SECTION III: INCIDENT LOCATION

Provide at least one of the following for the incident location:

1) Latitude _____ Longitude _____

2) UTM X Coordinate _____ UTM Y Coordinate _____

3) Nearest Intersection to the incident Location

Distance and Direction from Incident to nearest Intersection
