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

Facility Name: 

Facility Address: 

Facility County: 

Facility Representative and Title: 

DEC Region: 

DEC Division of Water Contact: 

Telephone No.: (____) ____-______ Date: ____/____/______

SPDES # __________________
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

________________________________________________________________________
SECTION IV: WEATHER CONDITIONS

Weather conditions during incident: ______________________________________________________

Rainfall previous 24 hours before incident: ______________________________________________

Rainfall previous week before incident: ________________________________________________

SECTION V: CORRECTIVE ACTIONS

Immediate corrective actions:

_______________________________________________________________________________

_______________________________________________________________________________

Preventative (long-term) corrective actions:

_______________________________________________________________________________

_______________________________________________________________________________

SECTION VI: NOTIFICATION

Date, time of oral notification made to DEC: _____ / _____ / _____  ____:____ (am) (pm)

DEC official contacted: ____________________________________________________________

Planner notification: (Y) ___ (N) ___

SECTION VII: OWNER/OPERATOR CERTIFICATION

I certify under penalty of law that this Incident Report and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

________________________ _________________________ ____/____/_______
Name (please print or type) Signature Date