

## **POSS Registration and Application to Use NY-Alert for the Sewage Pollution Right to Know Act**

### **Purpose**

The Sewage Pollution Right to Know Act (ECL § 17-0826-a) (SPRKT) requires publicly owned treatment works (POTWs) and operators of publicly owned sewer systems (POSSs) to report to various entities, including the New York State Department of Environmental Conservation (DEC), the local health department (or if there is none, the New York State Department of Health), officials of adjoining municipalities and the general public, in certain instances, of the release of untreated or partially treated sewage. To facilitate the reporting of applicable sewage releases, DEC is using the New York Department of Homeland Security and Emergency Services (DHSES) NY-Alert system.

The principal executive officer or ranking elected official of the municipality that owns the POSS identified in this Registration/Application and all duly authorized representatives of that person for signing reports and other information (including the entry of data into the NY-Alert system) should review ECL § 17-0826-a and its implementing regulations in Part 750 of Title 6 of the New York Codes, Rules and Regulations of the State of New York to ensure that these requirements are followed. All individuals entering data into the NY-Alert system must abide by the rules and procedures for use of that system that will be provided to the appropriate recipients.

### **Basic Information**

- The NY-Alert system is currently being used by several hundred agencies in NY.
- This system is free for the municipalities to use.
- This system allows for the distribution of notifications to the multiple, designated parties while filling out only one online form.
- Smart phones may be used to submit data from the field.
- The principal executive officer (PEO) or ranking elected official (REO) of the municipality that owns the POSS can authorize other people to log into the NY-Alert system to enter sewage discharge data. This person is called the notifier.
- The PEO or REO will fill out the Registration/Application form.
- Each authorized representative must sign a notifier agreement for this Registration/Application form.
- It is recommended that multiple people be authorized to log into the NY-Alert system.
- Separate Notifier Agreements must be executed by each authorized representative.
- Each authorized representative must have a unique email address.
- If the PEO or REO of the municipality that owns the POSS also wishes to enter data into the NY-Alert system, that person must execute a separate Notifier Agreement as well.
- If there is a change in PEO or REO, notifier, or notifier information you must update DEC with the changes.

### ***Where to Submit***

Mail the completed Registration/Application form and all Notifier Agreements to:

NYSDEC  
Bureau of Water Compliance  
SPDES Compliance Information Section  
625 Broadway, 4<sup>th</sup> Floor  
Albany, New York 12233-3506

Please keep copies of these documents for your records.  
You will receive a confirmation e-mail from [overflow@dec.ny.gov](mailto:overflow@dec.ny.gov) when your Registration/Application and agreements have been processed and approved.

### ***Directions for filling out the Registration/Application form***

Please print clearly and fill out forms in their entirety.

**Section A:** POSS Information – Please record the POSS ID for your records. This is the identification used to create a notification in NY-Alert.

- Enter the name that you want the collection system to be called in NY-Alert.
  - This will be displayed when you choose a “facility” to enter a notification
- If the municipality owns a collection system that enters more than one other POTW or POSS, there will be separate POSS IDs for each.
- If we have identified multiple POSS IDs and the collection system only goes to one POTW or POSS, please contact the DEC at the phone number or email listed below.
- If you have been assigned one POSS ID encompassing several sewer districts and would like to designate one POSS ID for each district, contact the DEC.

**Section B:** Owner Information – enter the name, title, email address and phone number of the PEO or REO of the municipality that actually owns the POSS, i.e. Mayor, Town Supervisor, County Executive, etc.

**Section C:** Collection System Information – if your collection system is operated by an entity other than the listed municipality, i.e. the village operates the towns sewers, please enter the requested information.

**Section D:** Treatment Plant Notification – Enter the collection system name or the treatment plant your sewage directly enters. We will add these to the automatic notifications.

**Section E:** Automatic Notifications

It is mandatory to notify the Chief Elected Official (CEO) of the municipality in which the spill occurred, and the adjoining municipalities. If you want to notify media outlets or others as part of your private notification, you may enter their information here as well.

- You must include the CEO or the Designated Receiver of Alerts of the municipality (i.e. Town Supervisor, Mayor, Chairman of the Board, etc.).

- Municipality/entity - city, town or village; news outlet; or other interested parties that will receive all the information entered into NY-Alert.
- Name – the name of the CEO or Designated Receiver of Alerts (DR) of the municipality in which a discharge may occur and; the name of the CEO for each adjoining municipality.
- Chief Elected Official or Designated Receiver of Alerts – Is the person listed the CEO or DR for their municipality? Circle the appropriate role.
- Email Address – of the person listed.
- Phone number – of the person listed.
- If you have more entities you would like to notify, please fill out the notification supplement found on DEC’s Sewage Discharge Reporting Toolbox web page at <http://www.dec.ny.gov/chemical/90323.html> .
- The appropriate Department of Health will be notified automatically. You do not need to include them in this list.
- Please note that under SPRTK you are required to keep this information accurate. For your convenience the Department will update the information for you upon notification to DEC.

**Section F:** The PEO or REO for the municipality that owns the POSS must complete this section and include all notifiers. If the principal executive officer or ranking elected official will be submitting reports through NY-Alert, include that name in the list.

***Directions for filling out the Notifier Agreement***

Separate Notifier Agreements need to be submitted for each authorized representative who will enter the data into the NY-Alert system. We recommend two or more notifiers for each facility. If the PEO or REO of the municipality that owns the POSS will be entering data into the NY-Alert system, that person must also execute a separate Notifier Agreement.

- Name of the individual – will be the same name in all name fields
- Organization the individual works for (can be a contract organization)
- Work email address
  - For security purposes, this must be a **unique** email address for the person signing the agreement
  - This is required to get a NY-Alert notifier account.
- Work phone number
- If you have never had a NY-Alert password to create notifications, please check the NEW box
- If you currently have a NY-Alert password to enter other types of alerts, please check the NEW ROLE box
  - Enter your current user name and the type of alerts you are entering
- Two notifier agreements are provided, copy and fill out as many blank sheets as necessary for additional notifiers.

***Questions?***

For help or questions, please send an email to [overflow@dec.ny.gov](mailto:overflow@dec.ny.gov) or call 518-402-8177.

**POSS Notification Registration/Application  
for the  
Sewage Pollution Right to Know Act**

**A. POSS ID**

<b>POSS ID</b>	<b>Collection System Name</b>
NYS _____	

**B. Owner Information**

Principal Executive Officer or Ranking Elected Official

<b>Municipality Name:</b>	
<b>Title:</b>	
<b>Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

**C. Collection System Information**

Operated by entity other than the above municipality

<b>Name:</b>	
<b>Title:</b>	
<b>Organization Name:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	

**D. Treatment Plant Information**

Where is the sewage going?

<b>Treatment Plant Name/Collection System Name</b>	<b>Treatment Plant Operator/Collection System Owner</b>	<b>Treatment Plant Operator/Collection System Owner Email address</b>	<b>Treatment Plant SPDES ID/Collection System ID (if known)</b>

**E. Automatic Notifications**

Municipalities or other entities to be notified

Chief Elected Official (CEO) or Designated Receiver of Alerts (DR) (circle one)	Municipality/Entity	Individual's Name	Email address	Phone number
CEO or DR				
CEO or DR				
CEO or DR				
CEO or DR				

Note: SPRTK mandates notification of the chief elected official (CEO) of the municipality in which the spill occurred, and the adjoining municipalities. Including complete information in this table will facilitate notification through NY-Alert. Additional pages are available at: <http://www.dec.ny.gov/chemical/90323.html> .

**F. Signature and Certification by Principal Executive Officer or Ranking Elected Official**

I, \_\_\_\_\_ [print name] am the principal executive officer or ranking elected official of the municipality that owns the POSS who is obligated to sign this Registration/Application for the POSS. I authorize the individuals specified below to submit notifications required by Sewage Pollution Right to Know Act (including entry of data into the NY-Alert system) with respect to collection system with POSS ID NYS\_\_\_\_\_. My name is also set forth on the list below if I will be entering data into the NY-Alert system.

Name(s) of Notifiers:

I request permission for those individuals listed above as notifiers (including myself, if listed) to enter data into the NY-Alert system.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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.

Signature: \_\_\_\_\_  
Principal Executive Officer or  
Ranking Elected Official

Dated: \_\_\_\_\_

Checklist - Permitting Authority Use Only:

Check	Name	Date
Form Received by		
Verified SPDES Authority		
Data Entered		
Account Created		
Confirmation sent		

### Notifier Agreement

The notifier is the individual authorized to enter sewage discharge data in the NY-Alert system and sign this Agreement below. Please type or print clearly.

SPDES ID/POSS ID – NYS \_\_\_\_\_

<b>Notifier Name:</b>	
<b>Organization:</b>	
<b>Notifier Title:</b>	
<b>Email Address:</b>	
<b>Phone Number:</b>	

This request is (check one):

- NEW: the first request by this notifier to use NY-Alert.
- NEW ROLE: Notifier is already entering other alerts to NY-Alert and needs a new role to include the SPRTK alert

My current NY-Alert ID is: \_\_\_\_\_

My current NY-Alert role(s) are: \_\_\_\_\_

#### Notifier Signature

The notifier is the NY-Alert user that submits this Agreement to request access to the NY-Alert system. The notifier is authorized to enter data into the NY-Alert system, as either: 1) the principal or executive officer or ranking elected official of the municipality that owns the POTW or POSS or 2) the duly authorized representative of such person.

I, \_\_\_\_\_, am authorized to enter into this Agreement for SPDES ID/POSS ID NYS \_\_\_\_\_. I agree to fully comply with all terms and conditions regarding use of the NY-Alert system that are in effect at the time of my use of that system. By signing this Agreement, I acknowledge that I have read, understand, and accept the terms and conditions of this Agreement.

Notifier Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title (Circle only one): Ranking Elected Official      Date: \_\_\_\_\_

Principal or Executive Officer

Duly Authorized Notifier

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Notifier Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title (Circle only one): Ranking Elected Official Date: \_\_\_\_\_

Principal or Executive Officer

Duly Authorized Notifier