

NYS Department of Environmental Conservation
STATE AGENCY ENVIRONMENTAL AUDIT (SAEA)
NON-COMPLIANCE REPORT

**DO NOT SUBMIT A REPORT FOR INCIDENTS WHICH OCCURRED AND HAVE BEEN CORRECTED
WITHIN THE CURRENT AUDIT CYCLE**

Current Audit Cycle: 4/1/18 through 3/31/19

Agency Name: _____

Incident Number (if a repeat incident): Facility (F), Project (P), or Operation (O): _____

Facility/Project/Operation Name: _____

[NYSDEC Env. Audit Facility No. (if known): _____

Physical Address: _____

Municipality (City, Town or Village): _____

County: _____ State: NY Zip: _____

[Coordinate (For a new audit facility): Lat: _____ Long: _____]
Coordinates in decimal degrees, to 4-5 places. [See www.gps-coordinates.net, or www.mapcoordinates.net]

Mailing Address (if different from above): _____

City: _____, State NY Zip: _____

Agency Initial Rank (at occurrence): _____ End Rank (for Current Audit Cycle): _____ Regulation No.: _____

Regulation Name: _____

Incident Date (mm/dd/year): / / Year First Reported (if available): _____

Incident Description: (Describe the incident details. Start with the permit no., spill no., tank registration number or other reference no. Indicate area of facility, ground location, building name/number, tank no., etc. if available.): _____

Remedial Activities

Past Remedial Activities (Describe what has been done to correct the incident, from occurrence through the end of the Current Audit Cycle.): _____

Future Remedial Activities (Describe what will be done to correct the incident after the current audit cycle.):

Cost and Compliance

Cost Current Audit Cycle: \$ _____ Total Cost to Date (end of Current Audit Cycle): \$ _____

Future Estimated Cost: \$ _____

Projected Compliance Date (mm/dd/year): ____ / ____ / ____

Was an appropriation requested? Yes _____ No _____ If yes, how much: \$ _____

If 'no', what is the reason? _____

Is there a DEC related enforcement action? Yes _____ No _____

If 'yes', Consent Order #: _____ Date (mm/dd/year): ____ / ____ / ____

Third Party Information

Was a Third Party Involved in the violation? Yes _____ No _____

If yes, provide the following:

Third Party Name: _____

Third Party Mailing Address: _____

City: _____, State _____, Zip: _____

=====

Supplemental Audit Information (Non-published)

Other Incident Comments:

Completed By (Name): _____ Phone: (____) _____

Email Address: _____ Date: _____

Notes:

- 1) Use additional paper if needed
- 2) This form is available in MS WORD format by contacting DEC Division of Operations
- 3) State Agency Env. Audit Guidance Manual can be found at <http://www.dec.ny.gov/about/783.html>
- 4) NYS DEC regulation information can be found at www.dec.ny.gov/regualtions/regulations.html. For recent changes, click on "Proposed Regulations."
- 5) If you have any questions regarding this audit, contact NYS DEC, Div. of Operations, at 518-402-9110.

**NYSDEC Regional Enforcement Coordination Staff
For current staff list see:**

<https://www.dec.ny.gov/regulations/659.html>

Field Order	Field Letter	Field	Definition	Max Length	Data Type	Expected Values	Required/High Level Validation Rules. Comments
1	A	AGENCY_CODE	Agency Acronym	10	character	Valid Agency Code	YES
2	B	FPO	Indication of Facility, Project or Operation	1	string	F,P,O	YES
3	C	LOCATION_ID	Violation Location Distinct ID	10	number	Valid Location ID	If it exists YES, if it's a new one NO - blank will mean new. [Note- If ID is known - provide; if unknown such as for a new incident, leave blank. Or in COMMENTS Field provide the DEC Facility Information System (FIS) number, or provide Lat. & Long. coordinates in decimal degrees (from 4-6 decimal places) from itouchmap.com, etc.]
4	D	LOCATION_NAME	Common name of the violation location	100	string		YES. [May be all uppercase. On repeat incidents the facility the LOCATION_NAME should match the previous name. As long as the Incident ID and the Location ID match, a slight change in Location Name will not affect the data loading. However, if there is a name change show that in the COMMENTS field and highlight it, and DEC will make the name change in the database.]
5	E	LOCATION_DESCRIPTION	violation location Description	77	string		NO [May leave this field BLANK.]
6	F	LOC_ADDRESS_1	Postal address or directions to the location	500	string		If LOCATION_ID is blank YES, if LOCATION_ID is given then NO
7	G	LOC_ADDRESS_2	Continuation of loc_address_1	500	string		NO [May leave BLANK.]
8	H	LOC_CITY	City where the violation location is located	65	string		NO
9	I	LOC_STATE	2 character state abbreviation	2	string		NO
10	J	LOC_ZIPCODE	Zip Code of the violation location	5	string		NO
11	K	LOC_ZIP_EXTENSION	Zip Code Extension of violation location	4	string		NO
12	L	LOC_COUNTY	County where violation location is located	11	string	Valid County	YES. [Note: May be all uppercase.]
13	M	INCIDENT_ID	The ID assigned to the violation incident	10	number	Valid Incident ID	If reporting on existing incident then YES, if new incident then NO
14	N	VIOLATION_DATE	Date violation occurred	10	date	mm/dd/yyyy	YES [Notes: A date may be m/d/yyyy. Give an approximate date if exact date is not known.]
15	O	REGULATION_CODE	Regulation Code	3	string	Valid Reg Code	YES
16	P	ACTUAL_COMPL_DATE	Date violation met compliance with regulations	10	date	mm/dd/yyyy	If FINAL_AGENCY_RANK is compliant, YES
17	Q	AREA_AFFECTED	Description of area affected by violation	4000	string		NO. [LEAVE BLANK. Note: do NOT use this field unless necessary, such as at a very large facility to avoid confusion. Generally place this information in the Violation Description.]
18	R	VIOLATION_DESC	Description of the violation that occurred	4000	string		YES. [Note: Filled out initially when making an incident report. This should not be changed subsequently. Start with specific information such as building name/no., location info., tank no., DEC reference numbers (permit, spill, PBS, etc.). May want to include Agency reference information. Provide a short description of the incident. Do not include individual names/ phone numbers. Please spell check.]
19	S	INITIAL_RANK	The rank code at start of incident	2	string	Valid Rank, not C	YES [Initial rank - once set for an incident, this will not change.]
20	T	FINAL_AGENCY_RANK	The rank code at end of audit cycle	2	string	Valid Rank	YES
21	U	ENF_ACTION_IND	Has enforcement action has been taken	1	character	Y,N	YES
22	V	ENF_ACTION_COMPLETED	Has enforcement action been completed	1	character	Y,N	If ENF_ACTION_IND is Y, then YES (i.e. if ENF_ACTION_IND is Yes, than this must be a Y or N).
23	W	CONSENT_ORDER_NUM,DATE	Numbers and dates of consent orders	N/A	String		NO, comma separated pairs surrounded by quotes (e.g. "Num1,Date1,Num2,Date2,...,NumN,DateN"). [Note: Examples are "11111, 1/1/2001; 22222, 2/2/2002".]
24	X	OTHER_DEC_TYPE,ID	Type and ID of other aliases violation is known as to DEC	N/A	String		NO, comma separated pairs surrounded by quotes (e.g. "Type1,ID1,Type2,ID2,...,TypeN,IDN")
25	Y	PROJECTED_COMPL_DATE	Projected Compliance date	10	date	mm/dd/yyyy	If FINAL_AGENCY_RANK is not compliant then YES
26	Z	PERIOD_COST	Remediation cost for this audit cycle	11	number	< \$1 Billion	NO [A number with 2 decimals, not in currency format.]
27	AA	TO_DATE_COST	Remediation cost to date	11	number	< \$1 Billion	NO [A number with 2 decimals, not in currency format.]
28	AB	FUTURE_COST	Estimated future remediation costs	11	number	< \$1 Billion	NO [A number with 2 decimals, not in currency format.]

Field Order	Field Letter	Field	Definition	Max Length	Data Type	Expected Values	Required/High Level Validation Rules. Comments
29	AC	REMEDIAL_ACTIVITIES_TO_DATE	Description of remedial activities to date	4000	string		NO. [Note: This may be simply added to from year to year. It is suggested that you provide the current year's information first, and it is helpful to identify the annual comments with a date or year reference - such as: "1/1/2007- Completed.....". Do not include individuals names or phone numbers. Make this all one paragraph - do not include Paragraph Returns, or tabs. Please spell check.]
30	AD	FUTURE_REMEDIAL_ACTIVITIES	Description of planned future remedial activities	4000	string		NO [Note: Make this all one paragraph - do not include Paragraph Returns, or tabs in this field. Please spell check.]
31	AE	APPROP_IND	Indicates if appropriations were requested	1	character	Y,N	YES
32	AF	APPROP_AMOUNT	Amount of appropriations	11	number	< \$1 Billion	If APPROP_IND is Y then YES
33	AG	APPROP_NOT_REQUESTED	Reason appropriations were not requested	4000	string		If APPROP_IND is N then YES [Note: If APPROP_IND is N then provide reason or comment if not known.]
34	AH	THIRD_PARTY_IND	Indicates if there was a third party violator involved	1	character	Y,N	YES. Note: If a THIRD PARTY exists. but the name, address and city are unknown, then 1) in THIRD PARTY INDICATED field enter Y [Yes]. 2) In the THIRD PARTY ADDRESS 1 field state Third Party- ID Unknown and include any address information available. 3) Leave the THIRD PARTY Name and City blank. 4) In the COMMENTS field - indicate that this is a Third Party Incident- ID Unknown and Include any Third Party information that is available. (If the THIRD PARTY INDICATED Field is "N" and there is any data in other THIRD PARTY Fields, it will create an error preventing uploading of data. If Third Party info is subsequently acquired, in the THIRD PARTY INDICATED field enter Y and enter Name, Address, City.)
35	AI	THIRD_PARTY_NAME	Name of the third party violator involved	65	string		If THIRD_PARTY_IND is Y then YES, if it is N then NO
36	AJ	THIRD_PARTY_ADDRESS_1	Postal address or directions to the third party violator	48	string		If THIRD_PARTY_IND is Y then YES, if it is N then NO
37	AK	THIRD_PARTY_ADDRESS_2	Continuation of THIRD_PARTY_ADDRESS_1	48	string		NO
38	AL	THIRD_PARTY_CITY	City where third party violator is located	28	string		If THIRD_PARTY_IND is Y then YES, if it is N then NO
39	AM	THIRD_PARTY_STATE	2 character state abbreviation	2	string		NO
40	AN	THIRD_PARTY_ZIPCODE	Zip Code of the third party violator	5	string		NO
41	AO	THIRD_PARTY_ZIP_EXTENSION	Zip Extension for the third party violator	4	string		NO
42	AP	PREP_BY	Name of person who prepared the non-compliance report	65	string		YES
43	AQ	PREP_PHONE	Phone number of person who prepared report	10	string		YES. Ten digits (do not include spaces between numbers).
44	AR	COMMENTS	Non-compliance report comments	4000	string		NO. [Note: Other information important to the Agency or for DEC may be included here. For now- including the DEC review comments from the previous Audit year for reference is helpful to the current reviewer. Make this all one paragraph - Do not include Character Returns, or tabs in this field. Spell check text.]

GENERAL NOTES:

1. Provide the Field name only at the top of a column, but do not include the Field Order number. However, the sequential order of fields is important.
2. Generally provided text using upper and lowercase characters. The following fields may be uppercase: AGENCY_CODE, FPO, LOCATION_NAME, LOC_ADDRESS_1, LOC_ADDRESS_2, LOC_CITY,
3. The data in fields #1-15, 17-19 [A-O, Q-S] do not change. If there is a mistake highlight it/ italicize it and bring it to our attention. Subsequent reports should update fields #16, 20-45 (P, T - AR) as needed.
4. Do not include an individual's name, phone number, email, except in the PREP_BY, PREP_PHONE, and COMMENTS fields.
5. Spell check the cells with text - VIOLATION_DESC, REMEDIAL_ACTIVITIES_TO_DATE, FUTURE_REMEDIAL_ACTIVITIES, COMMENTS.

Incident Ranking System

4/29/14

Rank	Definition	Description
N1	Presents an imminent substantial threat to the public health or the environment. (A condition that either has, or will very soon, pose a substantial threat to the public health or the environment.)	Imminent substantial threat
N2	Presents a potential substantial threat to the public health or the environment. (A condition that has the potential to create a condition that would pose a substantial threat to the public health or the environment.)	Potential substantial threat
N3	Presents a discernible, but not substantial, threat to the public health or the environment. (A condition has resulted in an identifiable harm or threat to the public health or the environment, but such harm or threat is not substantial.)	Discernible but not substantial threat
N4	Presents no evidence of discernible threat to the public health or the environment.	No evidence of discernible threat
C	In compliance (A condition which is in compliance is one which meets guidelines set forth in the applicable regulation.)	In compliance

**STATE AGENCY ENVIRONMENTAL AUDIT (SAEA)
 AGENCY COMPLIANCE STATUS SELF-AUDIT (For Reporting Agency use only)
 DO NOT SUBMIT TO DEC**

AGENCY: _____

Facility, Project or Operation (F/P/O)? _____

F/P/O Name: _____

Physical Address: _____

Municipality (City, Town, Village): _____ **State:** NY **Zip Code:** _____

County: _____ **NYSDEC Region** (for reference): ____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Name/ Phone No.: _____

Rank Box Codes: N1 = Non-Compliant, Rank 1 N2 = Non-Compliant, Rank 2 N3 = Non-Compliant, Rank 3 N4 = Non-Compliant, Rank 4	C = In Compliance NA = Regulation does not apply If box is shaded - An approval is not required or applicable.
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REGULATORY PROGRAMS:

AIR RESOURCES

REGULATION	01	02	03	03A	03B	03C	04	04A	04B	05	05A	05C	05D	05E	05F	06	06A	06B
RANK																		
APPROVAL																		

AIR RESOURCES (continued)

REGULATION	06C	07	09	10	11	12	13	14	15	16	16A	17
RANK												
APPROVAL												

FISH, WILDLIFE AND MARINE RESOURCES

LANDS AND FORESTS

REGULATION	18	19	20	21	22	23	24	40	41	42	43		37A	38	39	40A
RANK																
APPROVAL																

MINERAL RESOURCES

ENVIRONMENTAL PERMITS

REGULATION	44	45	46		48	49
RANK						
APPROVAL						

MATERIALS MANAGEMENT (previously Solid & Hazardous Materials)

REGULATION	25	25A	25B	25C	26	26A	27	28	30	31	31A	32	33	34	35	36	36A
RANK																	
APPROVAL																	

MATERIALSMANAGEMENT(continued)

REGULATION	50A	50B	50C	50D	50E	50F	50G	50H	50J	50K	50L	50M	50N	50P	70	71	72
RANK																	
APPROVAL																	

WATER

REGULATION	52	53	53A	54	54A	54B	54C	54D	55	57	58	58B	58C	58D	59	60
RANK																
APPROVAL																

ENVIRONMENTAL REMEDIATION**REGULATORY FEES**

REGULATION	51	51A	51C	56	56A	56B	56C		08A	08B	29	31B	34A	44A	58A
RANK															
APPROVAL															

Name: _____

Title: _____

Phone: _____

Date _____

[Do NOT submit this form to the NYSDEC.]**NOTES:**

1. This "Agency Compliance Status Self-Audit" form is a slightly modified version of the form found in the 2003. Environmental Audit Guidance Manual, dated April 14, 2003. The regulation numbers represent the Regulation Names as contained on pages Intro 6-13. Newer regulations may be matched with the nearest applicable category. For more detailed regulation information see the State Agency Environmental Audit Guidance Manual and current DEC regulation updates on the DEC web (see below).
2. The State Agency Environmental Audit Guidance Manual can be found at <http://www.dec.ny.gov/about/783.html>.
3. NYS DEC regulation information can be found at <http://www.dec.ny.gov/65.html>. For recent regulatory changes, click on 'Regulations and Enforcement' then 'Proposed Regulations.'
4. If you have questions regarding the Environmental Audit, contact NYS DEC, Div. of Operations, at 518-402-9110.