

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water

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www.dec.ny.gov

INCIDENT REPORT

State Pollutant Discharge Elimination System (SPDES) General Permit (GP-0-22-001) 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; or
3. There is an unintended release of liquid manure, liquid food processing waste, liquid digestate, or process wastewater reported to the DEC Spills Hotline; or
4. It is necessary to apply above the maximum annual application rate provided in the CNMP or the single application rates described in Part III.A.8.b)(1) and (2); or
5. Any one of the conditions outlined in Part III.B.1 of the general permit for the discharge of Non-Contact Cooling Water are not met;

The owner/operator shall:

Notify the DEC Regional Office orally within 24 hours from the time that the owner/operator becomes aware of the incident and submit this **CAFO Incident Report Form** along with the **Incident Report Owner/Operator Certification** to the DEC Regional Office within 5 business days of the event. For incidents related to unintended releases of liquid manure, liquid food processing waste, liquid digestate, or process wastewater, where the spill was reported through the DEC Spill Hotline, the 24-hour reporting requirement is satisfied through reporting of the incident through the DEC Spill Hotline. For those incidents, this CAFO Incident Report Form is still required to be submitted to the DEC Regional Office within 5 business days of the event.

SECTION I: FACILITY INFORMATION

SPDES ID #: _____

Facility Name: _____

Facility Address: _____

Facility County: _____

Facility Representative,
Title, and Contact Info: _____



Department of
Environmental
Conservation

SECTION II: INCIDENT DESCRIPTION – Attach additional sheets as necessary

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

Estimated Volume of Discharge (in gals.) _____

Type of incident (check all that apply):

- Waste Storage (Overflow Discharge) Vehicle/Spreader
 Waste Transfer System Failure Field Run Off Production Area Run Off
 Spill reported to DEC Spills Hotline Application above 20k/27k max single application rate
 Application above max annual rate provided in CNMP Non-Contact Cooling Water

 Other

Description of incident(s) and cause(s):

Any known impacts to surface water? (Y)___ (N) __ Distance to nearest surface waterbody _____

Surface waterbody name: _____

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

Any known impacts to public water wells? (Y) ___ (N) ___

Any known impacts to residential wells? (Y) ___ (N) ___ How many wells? _____

Please provide any known impacted locations or contact information:

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) Distance and direction from incident to nearest road intersection

SECTION IV: WEATHER CONDITIONS

Weather conditions during incident: _____

Rainfall previous 24 hours 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: _____

AEM Certified Planner Name: _____ Planner notification: (Y) ____ (N) ____

Local DOH office notified?: (Y)____ (N)____ If so, DOH official contacted: _____