New York State Department of Environmental Conservation Division of Water



Report Noncompliance Event

Report Type: 5 day	Permit Violation	Order Violat	ionAnticipated Noncompli	DEC_Region: ianceXE	Bypass/Overflow	 Other
SECTION 2						
SPDES #: NY 0029106		-	e Wastewater Treatment Pla			
Date of noncompliance: Description of noncompliance	3/3/20		outfall, Treatment Unit, or Pump S sanitary sewer wastewater <mark>did r</mark>		Outfall WWTP-SSO	
#004.	s) and cause(s).	bypass of s	samilary sewer wastewater did r	lot occur tillougi	unpermitted Out	<u>all</u>
			pass but in fact the storm se		the plant from	
Gardenier Creek. Unforti	unately our instru	umentation cann	ot differentiate direction of flo	DW.		
Han event connel? (Vee\\Ale	If an when?	2/2/20	Man arrest due to plant upoet?	(Vas) (Na) SBB	ES limits violeties	(Voo) (No)
	If so, when?		Was event due to plant upset?		ES limits violation	
Start date, time of event:	3/3/20		(AM)(<u>PM</u>) End date, time of event:	3/3/20		_(AM) <u>(PM</u>)
Date, time oral notification mad Immediate corrective actions:	-	3/3/20 (8:04 (AM)(<u>PM</u>) DEC 0	Official contacted: _	Val Mu	ırakami
immediate corrective actions:	All wet weath	ei procedures na	ive been implemed.			
				0 11 11		
Preventive (long term) correcti per consent decree.	ve actions:	Ongoing separati	on projects of the Westside	Collection syste	m are on sched	ule as
per consent decree.						
SECTION 2						
SECTION 3						
Complete this section if eve	ent was a bypass:					
_						
Bypass amoun DEC Official contacted		•	rization received for this event?	(Yes)(<u>No</u>)		
DEO Official contacted		Date of DEC	approvai	-		
Describe event in "Description	n of noncompliance a	nd cause" area in Sec	tion 2. Detail the start and end dates a	nd times in Section	2 also.	
					Forms by Fordin	ME- (240 044 4000)
SECTION 4					Forms by Enviro	Win (312-244-1900)
Facility Represent	ative John Mc	Grath	Title: Chief Operat	Or Date:	3/6/20	_
Phone #:	315 342-377	7	Fax # 315 342-8	3233		
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3506-101 (12/93)			Signature: MAN	11///	MOUN)	-
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