

## Form Submission Guidance

- A) Volume of Discharge at Time of Report:** Enter the volume released in the discharge in gallons. Use only numerical digits, no characters. Select actual if the actual amount released is known; select estimate if the discharge is based on a model, calculation, or your best judgment.
- B) Treated State of Discharge:** Select the treated state of the discharge. If other is selected, please provide a detailed explanation of the treated state.
- C) Date and Time Discharge Was Discovered:** Enter the approximate date and time the discharge was discovered or actual starting time, if known. Use the drop down menus to select both the date from the calendar and the time of discovery. Use Eastern Standard Time (EST) and select AM or PM.
- D) Expected Duration of Discharge:**
- 1) If the discharge event has already ended, select Yes. Use the drop down menus to select both the date from the calendar and the time of discovery. Enter the time in EST and select AM or PM.
  - 2) If the discharge event has not ended, select No. Provide an estimate of the time the discharge will end based on any information available. Use the drop down menus to select both the date from the calendar and the time of discovery. Enter the time in EST and select AM or PM. Select unknown if the end time cannot be determined or estimated.
- E) Brief Description of Corrective Actions Taken:** Summarize any and all preventive or corrective actions taken in response to the discharge. If no action has been taken at the time of the report, leave this field blank.
- F) Location of Discharge:**
- a) Select what the discharge was released to. If the discharge was released to a surface water body directly or via a catch basin, storm drain, or CSO outfall during dry weather, enter the name of the surface water body. If discharge is a dry weather CSO, enter the outfall number and name if applicable. If other is selected, please provide a detailed explanation.
  - b) Enter the closest street address or defining landmark to the location of the discharge. A landmark may be more useful for determining the location of the discharge if no streets or roads are nearby. Also enter the City/Town and County where the discharge occurred. If available, enter the approximate geographic coordinates in decimal degrees.
- G) System Component:** Select the component(s) that discharged sewage. Multiple selections may be made here. If you select other, please provide a detailed explanation.
- H) Reason for Discharge:** Select why the sewage discharge occurred. Multiple selections may be made here. If you select other or weather conditions, please provide a detailed explanation. Select unknown if the cause cannot be determined at the time of the report.

**Submittal Information:** Please enter the following information of the individual who filled out the form:

- First and last name
- Job title
- Date and time form was completed (using the drop down menus)
- Phone number (with extension, if applicable)
- E-mail address
- Facility name (If a SPDES permit exists, please enter the facility name on the permit)
- SPDES permit number, if applicable

You may FAX this report to the New York State Department of Environmental Conservation at (518) 402-8082 or e-mail the form as an Adobe portable document format (pdf) to [overflow@gw.dec.state.ny.us](mailto:overflow@gw.dec.state.ny.us)

If you don't have access to this form when a discharge needs to be reported, use existing SPDES incident reporting requirements.