



STATE OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
**SEWAGE DISCHARGE REPORT FORM**

**(A) VOLUME OF DISCHARGE AT TIME OF REPORT**

Volume:  Estimate  Actual   Gallons  
 Unknown

**(B) TREATED STATE OF DISCHARGE**

Untreated  Partially Treated Without Disinfection  
 Partially Treated With Disinfection  Other

**(C) DATE AND TIME OF DISCHARGE DISCOVERY**

:   AM  PM

**(D) ENDING DATE AND TIME OF DISCHARGE**

Has Discharge Ended?  Yes  No

Expected End Date and Time of Discharge:   :   AM  PM

**(E) BRIEF DESCRIPTION OF CORRECTIVE ACTIONS TAKEN TO CONTAIN THE DISCHARGE:**

**(F) LOCATION OF DISCHARGE**

a) Does discharge reach surface water?  Yes  No

Receiving Water Body?

Mechanism of Conveyance?

- Directly To Surface Water  
 Catch Basin To Surface Water  
 Storm Drain To Surface Water  
 Dry Weather CSO To Surface Water  
 Other

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b) Are there potentially impacted public contact areas downstream of discharge?  Yes  No  Unknown

Bathing Beach

Kingston Point Beach

Drinking Water Supply Intake

Public Access Point

Other

c) Closest Address or Landmark to the location of the discharge: Wilber Avenue at Gilead Street

Town/City: Kingston

County Ulster

Geographic Coordinates; if available: Use Decimal Degrees: Latitude

Longitude

## (G) SYSTEM COMPONENT (check all that apply)

Manhole  Pipe Failure  Pump Station Failure  Wastewater Treatment Plant Headworks

Malfunctioning CSO Regulator  Other , explain

## (H) REASON FOR SSO EVENT (check all that apply)

Insufficient System Capacity

Weather Conditions

Root Intrusion

Blockage , explain

Sediment accumulation

Power Outage

Other

Unknown At This Time

# SEWAGE DISCHARGE REPORT FORM

## (I) REPORT SUBMISSION

FIRST NAME:

LAST NAME:

TITLE:

E-MAIL:

FACILITY NAME:

PHONE NUMBER:

EXT:

SPDES PERMIT NUMBER:

Please be advised that a follow up report must be sent to the Regional Water engineer within 5 days. This report must include the following information:

1. Description of discharge and its cause;
2. Period of discharge including exact dates and times, and if the discharge has not been corrected, the anticipated amount of time it is expected to continue;
3. Steps taken or planned to reduce, eliminate, and prevent the discharge and it's recurrence.

Please save the report as an Adobe portable document format (pdf) and e-mail it as an attachment to [overflow@gw.dec.state.ny.us](mailto:overflow@gw.dec.state.ny.us)