Glen Cove Sewage Treatment Plant - Spill/Leak Reporting Form

Any spills and/or leaks occurring within the site boundaries of the Glen Cove STP, pump stations and collection system within the service area of the Glen Cove STP shall be recorded using this form. Please fill-in all appropriate sections with as much information as possible.

Date: 1/11/2012

Time: 10:00am [x] AM [ ] PM

Type of Discharge: [ ] Spill [ ] Leak [x] Other, describe over flow

Source of Discharge: [ ] Tank No. ____ [ ] Storage Container [x] Other, describe man hole

Substance Discharged: [ ] Sodium Hypochiorite [ ] Sodium Hydroxide [ ] Polymer

[ ] Diesel Oil [ ] Heating Oil [ ] Gasoline

[ ] Other petroleum product, describe ____

[x] Raw Sewage [ ] Partially Treated Wastewater [ ] Effluent Wastewater (Chlorinated)

[ ] Other, describe ____

Location of Discharge: The Outlook cross street robinson ave Glen Cove Duration: ____

Approximate Amount Discharged: 30-40 gallons [ ] [ ] Other ____

What is Spill/Leak affecting or spreading to: [x] Storm-drain [ ] Floor [x] Ground

[ ] Other, ____

If applicable, name of receiving water: Long Island Sound

Name of First Witness of Spill/Leak: ____ Title: S M S I

Person Informed of Spill/Leak: Michael Martino Title: D P W Press Secretary

Time Informed: 11:25 PM [ ] AM [x] PM

Cause of Spill/Leak: grease paper roots

Spill/Leak Response:

Agencies Informed of Spill/Leak

Agency	Telephone	Time Contacted			Name of Person Informed	Title of Person Informed
NYSDEC	800-457-7362	12:15	[ ] AM	[x] PM	Pugsley	disp
					DEC Assigned Spill Number: #	1111922
NYSDEC Shellfisheries	631-444-0475 After Hours:	12:23 Gina Fanelli (631) 580-5382 Lisa Tettlebach (631) 734-2337 William Hastback (631) 265-8346	[ ] AM	[x] PM	William Hastback	section head
NCHD	227-9697 After Hours:	12:30 742-6154	[ ] AM	[x] PM	J.Defranco	Pı Sanititarian II
NCFM	785-0215	na	[ ] AM	[ ] PM		
NCPD	911	na	[ ] AM	[ ] PM		
ERFD	599-4400	na	[ ] AM	[ ] PM		
THDCW	897-4100	na	[ ] AM	[ ] PM		
USEPA	212-637-3000	na	[ ] AM	[ ] PM		
			[ ] AM	[ ] PM		
			[ ] AM	[ ] PM		

Remarks:

I certify, as attested to by my signature below, that the above information is correct and true based on my investigation of the circumstances of the spill/leak and/or as described to me by those under my authority or supervision. I further state that the notifications to the responsible agencies for this particular spill/leak were indeed made as recorded above.

Name of Person Completing Report: Thomas Hartt Title: S M S I

Signature: ____

NYSDEC, New York State Department of Environmental Conservation; NCHD, Nassau County Health Department; NCFM, Nassau County Fire Marshall
NCPD, Nassau County Police Department; ERFD, East Rockaway Fire Department; THDCW; Town of Hempstead Department of Conservation and Waterways
USEPA, United States Environmental Protection Agency; LPO, Legislature Presiding Officer; LML, Legislature Minority Leader