

## Sewage Pollution Right To Know

### Sewage Discharge

Manhole Overflow off Sewer line located off Hillside Ave across from North Road.

Date and Time Discovered: 11/15/2013 02:00 PM

Volume Released: approximately 4700 gallons

Treated? No - Untreated

Spill has Ended? No. Approximate spill ending 6:00pm

Actions Taken to Contain: Brought in Vac/Jet truck immediately to try and partially open collapsed sewer line. Result - Not successful. Line has failed.

Engaged Emergency Contractor to establish by-pass pumping around collapse and make repair.

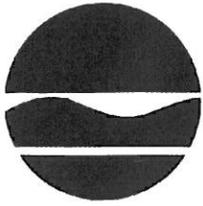
Reason For The Spill: Sewer Collapse

Reported By: John Devany

Title: Superintendent of Water & Sewer

Health Alert: The Westchester County Department of Health has not determined if this discharge has the potential to impact public health.

Coordinates: 41 03 13.65 N Lat  
73 47 19.64 W Long.



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

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

Volume:  Unknown  Estimate  Actual  Gallons

**(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 STEPS TAKEN TO CONTAIN THE DISCHARGE:**

Do not use special characters  
such as "\$ % & \* < > "

**(F) LOCATION OF DISCHARGE**

a) Does discharge reach surface water?  Yes  No

Receiving Water Body?

Mechanism of Conveyance? (check all that apply)

- Directly To Surface Water
- Catch Basin To Surface Water
- Storm Drain To Surface Water
- Dry Weather CSO To Surface Water
- Wet Weather CSO To Surface Water
- Drainage Swale To Surface Water
- Sanitary Sewer Overflow
- Other

## SEWAGE DISCHARGE REPORT FORM

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

c) Closest Address or Landmark to the location of the discharge:

Do not use special characters such as "\$ % & \* < >"

Town/City:

County

Geographic Coordinates of discharge; 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     CSO Outfall
- Other

### (H) REASON FOR DISCHARGE (check all that apply)

- Insufficient System Capacity     Weather Conditions
- Root Intrusion     Blockage , explain
- Power Outage     Other
- Unknown At This Time

## SEWAGE DISCHARGE REPORT FORM

### (I) CONTACT INFORMATION

FIRST NAME:	<input type="text" value="John"/>	LAST NAME:	<input type="text" value="Devany"/>
TITLE:	<input type="text" value="Water &amp; Sewer Superintendent"/>		
E-MAIL:	<input type="text" value="jdevany@greenburghny.com"/>		
FACILITY NAME:	<input type="text" value="Town of Greenburgh Water and Sewer Department"/>		
PHONE NUMBER:	<input type="text" value="914 993-1548"/>	EXT:	<input type="text"/>
		SPDES NUMBER:	<input type="text" value="NY"/>

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, volume of discharge to date;
3. Steps taken or planned to reduce, eliminate, and prevent the discharge and it's recurrence.

If you cannot send the form using the "Submit By E-mail" button, 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)

**Submit By E-mail**