To: Shohreh Karimipour, P.E, NYSDEC Region 3, Fax 914- 428-0323
Delroy Taylor, P.E,. WC health Department, Fax 914- 813-5158

SECTION 1

New York State Department of Environmental Conservation
Division of Water

Report of Noncompliance Event

To: Shohreh Karimipour, P.E., Regional Water Engineer, DEC Region 3

Report Type: ___ *5 Day* ___ *Permit Violation* ___ *Order Violation* ___ *Anticipated Noncompliance* X *Bypass/Overflow* ___ *Other*

SPRTK # 164

SECTION 2

SPDES #: NY- 0026689 **Facility:** North Yonkers Pump Station Force Main ***Westchester County – DEF***

Date of noncompliance: 6/9/14 **Location (Outfall, Treatment Unit, or Pump Station):** North Yonkers Pump station

Description of noncompliance(s) and cause(s): A leak was discovered on the Force main from North Yonkers Pump Station. The leak location is at the syphon near the Saw Mill River.

Has event ceased? (Yes) (No) **If so, when?** _____ **Was event due to plant upset?** (Yes) (No) **SPDES limits violated?** (Yes) (No)

Start date, time of event: 6/9/14, 11:30 (AM) (PM) **End date, time of event:** 12/ / , : (AM) (PM) Unknown

Date, time oral notification made to DEC? 6/9/14 12:43 (AM) (PM) **DEC Official contacted:** SPRTK # 164

Immediate corrective actions: Vac truck was dispatched to remove sewage from the hole. This will continue until a repair is made. Contractor is excavating to find source of leak and will make repair.

Preventive (long term) corrective actions: Contractor will make repair to the forcemain.

SECTION 3

Complete this section if event was a bypass:

Bypass amount: _____ Was prior DEC authorization received for this event? (Yes) (No)

DEC Official contacted: _____ Date of DEC approval: / /

Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: Joseph Gibney **Title:** Director **Date:** 6/13/14

Phone #: (914) 813-5418 **Fax #:** (914) 813-5460

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

X Joseph Gibney

Signature of Principal Executive Officer or Authorized Agent