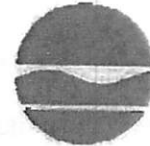


Sample Post Incident Report

New York State Department of Environmental Conservation
Division of Water
Bureau of Flood Protection and Dam Safety, 6th Floor
825 Broadway, Albany, New York 12233-3504
Phone: (518) 402-8185 - FAX: (518) 402-9029
Website: www.dco.ny.gov



Dam - Incident Report Form

6 NYCRR Part 673 requires Dam Owners to submit a written Incident Report to NYSDEC when either of the following incidents occur at a Class C - High Hazard or a Class B - Intermediate Hazard dam:

- 1) Activation of the Emergency Action Plan (Part 673.7(b)); or
- 2) Flow through an erodible auxiliary spillway (Part 673.9);

Submit the completed form within 5 days of the end of the incident to:

NYSDEC - Dam Safety Section
825 Broadway, 4th floor
Albany, NY 12233-3504
phone: (518) 402-8185
fax: (518) 402-9029

NYS Dam ID No. : _____ Hazard Class: (circle one): E - Intermediate C - High

Dam Name: _____ Reservoir/Impoundment Name: _____

Dam Location: Street Address: _____

Town/City: _____ County: _____

Latitude: _____ Longitude: _____

Description of incident and cause(s): (Please Continue on Additional Pages as Necessary) _____

Start date, time of incident: / / (AM) (PM) _____

Was the Emergency Action Plan activated? (Yes) (No) _____ If so, when? / / (AM) (PM) _____

Has the emergency ended? (Yes) (No) _____ If so, when? / / (AM) (PM) _____

Did flow pass through an erodible Auxiliary Spillway? (Yes) (No) _____

Depth and Duration of Auxiliary Spillway flow: _____

Spillway/Auxiliary Spillway condition (did any damage occur?): _____

Immediate responses to incident: _____

Long term response to incident: _____

Contact Information

Dam Owner Name: _____ Form Preparer By: _____

Dam Owner Address: _____ Form Preparer's Phone: _____

_____ Form Preparer's Fax: _____

_____ Form Preparer's Email: _____

Dam Owner Phone: _____

Attach additional sheets, including maps, sketches or photos as necessary to fully describe the incident.

VILLAGE OF NEW PALTZ DAM SAFETY EMERGENCY ACTION PLAN

PROMULGATION AND CONCURRENCE

I, the undersigned, on the date indicated, have reviewed the Emergency Action Plan (EAP) for the _____ Dam, State Dam ID _____. I have received the concurrence of the necessary emergency managers, who are listed below.

Name	Title	Organization	Date
Arthur Snyder	Director	County Emergency Management	
Chris Jaeger	Operator	Environmental Consultants	
Jason West	Municipal EMO	Village of New Paltz	
Kevin McGuire	Chief	New Paltz Fire Dept.	
Joseph Snyder	Chief	New Paltz Police Dept.	

Date of most recent Orientation Meeting (if held): _____

Certification of Promulgation and Concurrence:

I certify under penalty of law that the answers and information provided in and with this Promulgation and Concurrence Form were prepared by me or under my direction or supervision. The answers and information I submit are, to the best of my knowledge and belief, true, accurate, and complete.

This Certification must be signed by an individual who is the EAP coordinator, on his or her own behalf.

Name: _____

Title: _____

Company: _____

Signature: _____ Date: _____