

Incident Report Form for Solid Waste Management Facilities –

Permitted and Permit-Exempt Facilities



Waste Management Division, SWMB

RSA/Rule: Env-Sw 1005.09(c)

Instructions: Complete form in its entirety, utilizing additional pages, as necessary. Maps and diagrams are recommended for clarity. A written report is due within 5 working days of the incident / situation date. Form meets the requirements of Env-Sw 1005.09(c) for "written report" if completed in its entirety and submitted in accordance with submission timeframe requirements.

Section I – General Information						
1. Date & Time of Incident / Situation:	2. Date of Report Submission to NHDES:	3. Name of Person Preparing Report:				
Date: 6/2/24-6/8/24	6/12/2024 Bruce Grover					
4. Facility Name:	5a. Affected Area Within Facility	5b. Physical Address, Town / City:				
North Country Environmental	North Country Environmental	581 Trudeau Road,				
Services	Services	Bethlehem, NH 03574				
6. NHDES SW Permit Number:	7. Permittee Name on Permit:	8. Mailing Address:				
DEC CW CD 03 003	North Country Environmental	P.O. Box 9				
DES-SW-SP-03-002	Services	Bethlehem, NH 03574				

Section II – Parties Involved in Incident / Situation						
9. Persons:						
	Name:	Title:	Affiliation:			
a.	Bruce Grover	Operations Manager	Casella			
b.	Joe Gay	Engineer	Casella			
c.	Kevin Roy	General Manager	Casella			
d.						
e.						
f.						

Section III - Details

10. The quantity and types of wastes and material(s) involved in the incident or situation and in the clean-up activities:

This matter involves the stage IV phase I (pump station # 2) and stage IV phase II (pump station # 1) secondary detection flows.

Pump station # 1 secondary for the reporting period of June 2nd thru June 8th is reported as 64 gallons per acre per day.

Pump station # 2 secondary for the reporting period of June 2nd thru June 8th is reported as 27 gallons per acre per day.

As there was no release to the environment, no clean up is required.

No releases caused by this incident.

11. Measures employed to contain releases caused by the incident or situation:

12. Assessment of actual or potential hazards to the environment, safety and human health related to the incident:							
There was no hazards to the environment, human health and safety related to this matter.							
13. Measures the permittee has or intends to apply to reduce, eliminate, and prevent a recurrence of the							
incident or situation:	f the clayated flows in nu	mn station #2 is relate	ad to the recent construction and				
dewatering of stage VI phase II	•	•	ed to the recent construction and				
NCES is investigating the cause secondary system the week of	•	ump station#1 and we	e have scheduled to clean the				
14. If measures not completed by time of report submission, expected date of completion:							
	C4' N						
15a. Person Preparing Report:		- Signatures					
Name:	Title / Affiliation:		Signature:				
Bruce Grover	Operations Manager, Casella	Bolo					
Phone Number:		Email Address:					
603-728-8391		Bruce.Grover@Casella.com					
15h Pormittos:							
15b. Permittee: Name:	Title / Affiliation:	Signature:					
Kevin Roy	General Manager, Casella	1/10					
Phone Number:	Casella	Email	Email Address:				

Form Submittal Instructions:

603-361-6477

Kevin.Roy@Casella.com