From: DES: SolidWasteInfo

To: Mills, Austin

Subject: FW: NCES Incident Report 10/11/24

Date: Monday, October 14, 2024 7:54:50 AM

Attachments: 10 11 24 NCES Primary Incident Report.pdf

image001.png image003.png image004.png image005.png image006.png image007.png

### Good morning Austin, fyi via SWInfo. ty neo

Nelson E. Ordway, Executive Secretary
New Hampshire Department of Environmental Services,
Waste Management Division, Solid Waste Management Bureau
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095

phone: 603.271.2925 fax: 603.271.2456

\*E-mail: nelson.e.ordway@des.nh.gov



Think Green!

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From: Lindsey Menard < lindsey.menard@casella.com>

**Sent:** Friday, October 11, 2024 5:39 PM

To: DES: SolidWasteInfo <solidwasteinfo@des.nh.gov>

Cc: Joe Gay <John.Gay@casella.com>; Kimberly Crosby <Kimberly.Crosby@casella.com>

**Subject:** NCES Incident Report 10/11/24

**EXTERNAL:** Do not open attachments or click on links unless you recognize and trust the sender.

## **Lindsey Menard**

Environmental Engineer Casella Waste Systems, Inc.

1855 VT Route 100, Hyde Park, VT 05655 p. 802.851.6606 | c. 802.585.0551

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# 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:		
10/10/24 - 10/11/24	October 11, 2024	Lindsey Menard		
4. Facility Name:	5a. Affected Area Within Facility	5b. Physical Address, Town / City:		
North Country Environmental Services	North Country Environmental Services	581 Trudeau Road Bethlehem, NH 03574		
6. NHDES SW Permit Number:	7. Permittee Name on Permit:	8. Mailing Address:		
DES-SW-SP-03-002	North Country Environmental Services	P.O.Box 9 Bethlehem, NH 03574		

Section II – Parties Involved in Incident / Situation					
9. Perso	9. Persons:				
	Name:	Title:	Affiliation:		
a.	Joe Gay	Engineer	Casella		
b.	Kevin Roy	General Manager	Casella		
C.	Bruce Grover	Operations 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 is regarding 12 inches or more of hydraulic head on the primary liner system of Pump Station #2 on October 10<sup>th</sup>, 2024 from 9:05 p.m. until October 11, 2024 at 7:35a.m.

On the afternoon of October 10<sup>th</sup> NCES had Gates Electric on site testing the pump station #2 secondary flowmeter. After the test was completed, the pumps were not turned back on, resulting in head on the liner. Site staff turned pumps back on in the morning and the pump station returned to compliance.

No releases to the envitonme	ent occurred.		
12. Assessment of actual or p	potential hazards to the enviro	onment, safety ar	d human health related to the
incident:			
			ated to the incident were assessed
			louse 2 had not been turned back on
_	_		egulatory threshold. Once the pump
	turned to compliance. Leachat		
-			ase of leachate outside the lined area otective of groundwater and the
environment.	ate is being managed in a main	ner that is fully pr	otective of groundwater and the
environment.			
13. Measures the permittee	has or intends to apply to red	uce, eliminate, ar	d prevent a recurrence of the
incident or situation:			
The pump was turned back o	n and sump levels are back in	compliance below	the regulatory threshold.
The site has discussed the inc	ident with Gates Electric to en	sure they will con	tinue to check in with NCES staff
_	ICES staff will do a walk-throug	sh of the pump sta	ations after Gates Electric has
			itions after dates bicount has
completed any work or testir	ng to ensure pumps have been	turned back on.	y
completed any work or testir	ng to ensure pumps have been	turned back on.	y
completed any work or testir	ng to ensure pumps have been	turned back on.	y
completed any work or testir	ng to ensure pumps have been	turned back on.	y
completed any work or testir	ng to ensure pumps have been	turned back on.	y
	ng to ensure pumps have been		
			Incident has been resolved.
14. If measures not complete	ed by time of report submissio	on, expected	
14. If measures not complete date of completion:	ed by time of report submission  Section IV – S	on, expected	
14. If measures not complete date of completion:  15a. Person Preparing Repor	ed by time of report submission  Section IV – S	on, expected	Incident has been resolved.
14. If measures not complete date of completion:  15a. Person Preparing Report Name:	ed by time of report submission  Section IV – Section IV	on, expected	
14. If measures not complete date of completion:  15a. Person Preparing Repor	ed by time of report submission  Section IV – S	ignatures	Incident has been resolved.  Signature:
14. If measures not complete date of completion:  15a. Person Preparing Report Name:	Section IV – S  Title / Affiliation:  Environmental Analyst	ignatures	Incident has been resolved.
14. If measures not complete date of completion:  15a. Person Preparing Report Name:  Lindsey Menard	Section IV – S  Title / Affiliation:  Environmental Analyst	ignatures  Emai	Incident has been resolved.  Signature:
14. If measures not complete date of completion:  15a. Person Preparing Report Name:  Lindsey Menard Phone Number:	Section IV – S  Title / Affiliation:  Environmental Analyst	ignatures  Emai	Incident has been resolved.  Signature:  A MM I Address:
14. If measures not complete date of completion:  15a. Person Preparing Report Name:  Lindsey Menard  Phone Number:	Section IV – S  Title / Affiliation:  Environmental Analyst	ignatures  Emai	Incident has been resolved.  Signature:  Address:
14. If measures not complete date of completion:  15a. Person Preparing Report Name:  Lindsey Menard  Phone Number:  802-585-0551	Section IV – S  t:  Title / Affiliation:  Environmental Analyst  Title / Affiliation:	ignatures  Emai	Incident has been resolved.  Signature:  A MM I Address:
14. If measures not complete date of completion:  15a. Person Preparing Report Name:  Lindsey Menard  Phone Number:  802-585-0551  15b. Permittee: Name:	Section IV – S  Title / Affiliation:  Title / Affiliation:  General	ignatures  Emai	Signature:  Address: ard@casella.com
14. If measures not complete date of completion:  15a. Person Preparing Report Name:  Lindsey Menard  Phone Number:  802-585-0551  15b. Permittee:  Name:  Kevin Roy	Section IV – S  Title / Affiliation:  Environmental Analyst  Title / Affiliation:  General Manager/Casella	ignatures  Emai	Signature:  Address: ard@casella.com
14. If measures not complete date of completion:  15a. Person Preparing Report Name:  Lindsey Menard  Phone Number:  802-585-0551  15b. Permittee: Name:	Section IV – S  Title / Affiliation:  Environmental Analyst  Title / Affiliation:  General Manager/Casella	ignatures  Emai	Incident has been resolved.  Signature:  Address: ard@casella.com

Submit the completed report in PDF via email to SolidWasteInfo@des.nh.gov.