

RONE

Outfall 23A

March 18, 2025

BOD Exceedance

## SECTION 1



New York State Department of Environmental Conservation  
Division of Water



## Report of Noncompliance Event

To: DEC Water Contact James Malcom, P.E. DEC Region: 4

Report Type: ☐ 5 Day ☒ Permit Violation ☐ Order Violation ☐ Anticipated Noncompliance ☐ Bypass/Overflow ☐ Other

## SECTION 2

SPDES #: NY-0005037 Facility: Holcim (US) Inc. - Ravena Cement Plant

Date of noncompliance: 03/18/2025 Location (Outfall, Treatment Unit, or Pump Station): Outfall 023A

Description of noncompliance(s) and cause(s): Outfall 023A weekly grab sample for BOD5 resulted in a daily maximum exceedance of > 58 mg/L. Permit limit is 45mg/L. Grab sample for the following week was within permit limits.

Has event ceased? Yes ☒ If so, when? 03/18/2025 Was event due to plant upset? Yes ☒ SPDES limits violated? Yes ☒

Start date, time of event: 03/18/2025 11:50 am End date, time of event: 03/18/2025 11:50 am

Date, time oral notification made to DEC? 04/28/2025 12:00 pm ☒ DEC Official contacted: James Malcom

Immediate corrective actions: Septic tank pumped down.

Preventive (long term) corrective actions: Review of main building cleaning products and training provided to contracted cleaning company personnel on proper disposal of chemicals. A SOP developed for the boiler maintenance contracting company. The three drains in the Boiler room were permanently sealed. [see 3/28/25 & 4/1/25 RONEs, same upset].

## SECTION 3

Complete this section if event was a bypass:

Bypass amount: \_\_\_\_\_ Was prior DEC authorization received for this event? 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: David MacLauchlin Title: Plant Manager Date: 4/27/25

Phone #: ( ) Fax #: ( )

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.

Signature of Principal Executive  
Officer or Authorized Agent

## INSTRUCTIONS

The Division of Water developed this standardized form to simplify the reporting of noncompliance events. The SPDES Permit General Conditions, require that certain discharges of untreated or partially treated sewage must be reported orally within either 2 hours<sup>1</sup> or 24 hours and also in writing within five (5) days as required by the appropriate regulation. All other permit noncompliance shall be reported as attachments to the Discharge Monitoring Report (DMR). This form should be used for these events as well as to report noncompliance relating to consent orders, scheduled events and bypass events.

All necessary information can readily be reported to DEC on this form. Additional information required to describe the event can be attached. **Please make additional copies of this form and use as needed.** Instructions are provided below. For questions on form use please contact the appropriate office listed below for the county where your permitted facility is located. Thank you for your cooperation.

### ***Instructions to complete and submit Noncompliance Report***

1. Provide facility information and all applicable event details in Sections 1 through 3. Dates should be completed in month/day/year format.
2. Provide your name, title, business phone number, and date report was completed in Section 4. Use additional sheets as needed to provide full detail of the event in Section 2.
3. For 5-day written reports, mail or fax the completed form to the appropriate DEC Regional Office listed below. Attach all other noncompliance reports to the DMR submittal (be sure to attach to each set of DMR copies) or mail separately if related to consent order/scheduled event noncompliance. After hours and weekend reporting of unusual discharge events of other noncompliance must be reported through the DEC Telephone Hotline, which is 1-800-457-7362.

### DEC Regional Offices:

<b><u>REGION 1</u></b>  Regional Water Engineer NYS SUNY , Bldg. 40 Loop Road Stony Brook, NY 11790-2356 Phone: 631-444-0405 Fax: 631-444-0373 <b>Counties:</b> Nassau Suffolk	<b><u>REGION 2</u></b>  Regional Water Engineer One Hunters Point Plaza 47-40 21st St. Long Island City, NY 11101-5407 Phone: 718-482-4900 Fax: 718-482-6516 <b>Counties:</b> Queens Bronx New York Richmond Kings	<b><u>REGION 3 **</u></b>  Regional Water Engineer 21 So. Putt Corners Rd New Paltz, NY 12561-1696 Phone: 845-256-3000 Fax: 845-255-0714 <b>Counties:</b> Rockland Dutchess Sullivan Orange Ulster Putnam Westchester
<b><u>REGION 4</u></b>  Regional Water Engineer 1150 North Westcott Rd. Schenectady, NY 12306-2014 Phone: 518-357-2045 Fax: 518-357-2398 <b>Counties:</b> Montgomery Albany Otsego Rensselaer Columbia Delaware Schoharie Greene Schenectady	<b><u>REGION 5 **</u></b>  Regional Water Engineer Route 86, P.O. Box 296 Ray Brook N.Y. 12977-0296 Phone: 518-897-1241 Fax: 518-897-1245 <b>Counties:</b> Clinton Hamilton Franklin Essex Saratoga Warren Fulton Washington	<b><u>REGION 6 **</u></b>  Regional Water Engineer Region 6 Suboffice State Office Bldg. 207 Genesee St. Utica, NY 13500 Phone: 315-793-2554 Fax: 315-793-2748 <b>Counties:</b> Lewis Jefferson Herkimer Oneida St. Lawrence
<b><u>REGION 7</u></b>  Regional Water Engineer 615 Erie Blvd West Syracuse, NY 13204-2400 Phone: 315-426-7506 Fax: 315-426-7402 <b>Counties:</b> Madison Cayuga Broome Onondaga Oswego Chenango Tioga Tompkins Cortland	<b><u>REGION 8</u></b>  Regional Water Engineer 6274 East Avon-Lima Rd Avon, NY 14414-9519 Phone: 585-226-2466 Fax: 585-226-2830 <b>Counties:</b> Orleans Genesee Chemung Schuyler Seneca Livingston Steuben Ontario Monroe Wayne Yates	<b><u>REGION 9</u></b>  Regional Water Engineer 270 Michigan Avenue Buffalo, NY 14203-2999 Phone: 716-851-7070 Fax: 716-851-7009 <b>Counties:</b> Allegany Erie Cattaraugus Niagara Wyoming Chautauqua

**\*\* REGION 3 Suboffice**  
Regional Water Staff  
200 White Plains Rd., 5th Floor  
Tarrytown, NY 10591-5805  
Phone: 914-332-1835  
Fax: 914-332-4670

**REGION 5 Suboffice**  
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Warrensburg, NY 12885-0220  
Phone: 518-623-1200  
Fax: 518-623-4193

**REGION 6 Suboffice**  
Regional Water Staff  
317 Washington St.  
Watertown, NY 13601-3787  
Phone: 315-785-2513  
Fax: 315-785-2422

<sup>1</sup> This requirement reflects proposed pending regulations.

RONE

Outfall 23A

March 28, 2025

Fecal Coliform

&

Ammonia

Exceedances

## Appendix B

### SECTION 1



New York State Department of Environmental Conservation  
Division of Water



### Report of Noncompliance Event

To: DEC Water Contact James Malcolm, P.E.

DEC Region: 4

Report Type: ☐ 5 Day ☒ Permit Violation ☐ Order Violation ☐ Anticipated Noncompliance ☐ Bypass/Overflow ☐ Other

### SECTION 2

SPDES #: NY-0005037 Facility: Holcim (US) Inc - Ravenna Cement Plant

Date of noncompliance: 03/28/2025 Location (Outfall, Treatment Unit, or Pump Station): Outfall 023A

Description of noncompliance(s) and cause(s): Fecal Coliform weekly grab sample collection date on 03/28/2025, resulted in an exceedance of >2419.6 MPN/100mL. The Fecal Coliform Daily Max. is (400 CFU 100/mL, the Monthly Avg. is 200 CFU 100/mL)

Nitrogen, Ammonia (as N) result was 22.9 mg/L with a Daily Max. of 20 mg/L.

The suspected cause is a disturbance in the sanitary wastewater system.

Has event ceased? Yes If so, when? 03/28/2025 Was event due to plant upset? Yes SPDES limits violated? Yes

Start date, time of event: 03/28/2025 11.25 am End date, time of event: 03/28/2025 11:25 am

Date, time oral notification made to DEC? 04/03/2025 5:00 pm DEC Official contacted: James Malcolm, P.E.

Immediate corrective actions: Checked septic tanks & Bioclere, checked boiler room for signs of contamination and found signs of glycol spill. Changed Sodium Hypochlorite crock, increased dose and increased seeding with Drainmaster. Replaced Bioclere #1 dosing pumps 1 & 2. Replaced Bioclere #2 dosing pumps 1 & 2, replaced Bioclere #2 recirculation pump. Septic tanks pumped out.

Preventive (long term) corrective actions: A SOP developed for the boiler maintenance contracting company on properly disposing of process water and/or chemicals when performing maintenance activities on the boiler equipment.

The three drains in the boiler room were permanently sealed.

### SECTION 3

Complete this section if event was a bypass:

Bypass amount: \_\_\_\_\_ Was prior DEC authorization received for this event? 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: DAVID MACCUBBIN Title: PLANT MANAGER Date: 4/16/25

Phone #: (518) 795 0589 Fax #: ( )

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.

  
Signature of Principal Executive  
Officer or Authorized Agent

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Fax: 315-785-2422

<sup>1</sup> This requirement reflects proposed pending regulations.

RONE

Outfall 23A

April 1, 2025

Fecal Coliform

## Appendix B

### SECTION 1



New York State Department of Environmental Conservation  
Division of Water



### Report of Noncompliance Event

To: DEC Water Contact James Malcolm, P.E.

DEC Region: 4

Report Type: ☐ 5 Day ☒ Permit Violation ☐ Order Violation ☐ Anticipated Noncompliance ☐ Bypass/Overflow ☐ Other

### SECTION 2

SPDES #: NY-0005037 Facility: Holcim (US) Inc - Ravena Cement Plant

Date of noncompliance: 04/01/2025 Location (Outfall, Treatment Unit, or Pump Station): Outfall 023A

Description of noncompliance(s) and cause(s): Fecal Coliform weekly grab sample collection date on 04/01/2025, resulted in an exceedance of >2419.6 MPN/100mL. The Fecal Coliform Daily Max. is (400 CFU 100/mL, the Monthly Avg. is 200 CFU 100/mL)

The suspected cause is a disturbance in the sanitary wastewater system.

Has event ceased? Yes ☐ If so, when? 04/01/2025 Was event due to plant upset? Yes ☐ SPDES limits violated? Yes ☐

Start date, time of event: 04/01/2025 2:00 pm End date, time of event: 04/01/2025 2:00 pm

Date, time oral notification made to DEC? 04/03/2025 5:00 pm DEC Official contacted: James Malcolm, P.E.

Immediate corrective actions: Checked septic tanks & Bioclere, checked boiler room for signs of contamination and found signs of glycol spill. Changed Sodium Hypochlorite crock, increased dose and increased seeding with Drainmaster. Replaced Bioclere #1 dosing pumps 1 & 2. Replaced Bioclere #2 dosing pumps 1 & 2, replaced Bioclere #2 recirculation pump. Septic tanks pumped out.

Preventive (long term) corrective actions: A SOP developed for the boiler maintenance contracting company on properly disposing of process water and/or chemicals when performing maintenance activities on the boiler equipment.

The three drains in the boiler room were permanently sealed.

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### SECTION 4

Facility Representative: DAVID MACLAUDLIN Title: Plant Manager Date: 4/16/25

Phone #: (58) 795 0529 Fax #: ( )

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X [Signature]

Signature of Principal Executive  
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<sup>1</sup> This requirement reflects proposed pending regulations.

RONE

Outfall 23B

June 28, 2025

Aluminum

&

Total Dissolved Solids

Samples not taken

## Appendix B

### SECTION 1



New York State Department of Environmental Conservation  
Division of Water



### Report of Noncompliance Event

To: DEC Water Contact James Malcolm, P.E.

DEC Region: 4

Report Type: 5 Day ☒ Permit Violation ☐ Order Violation ☐ Anticipated Noncompliance ☐ Bypass/Overflow ☐ Other

### SECTION 2

SPDES #: NY-0005037 Facility: Amrize - Ravena Cement Plant

Date of noncompliance: 06/28/2025 Location (Outfall, Treatment Unit, or Pump Station): Outfall 023B

Description of noncompliance(s) and cause(s): Total Aluminum and Total Dissolved Solids (TDS) Samples for Outfall 023B were not sampled during the month of May. Operators recieved bottles from the lab and sent regularly scheduled monthly Outfall 023B samples to the lab to be analyzed. Upon recieving results and notification from the lab, it was found that sample bottles for Al, Sulfate, & TDS were not recieved. This notification was miscommunicated with the operators, who then sent a sample for sulfate and not the other missing parameters (Al & TDS).

Has event ceased? Yes ☒ If so, when? N/A Was event due to plant upset? No SPDES limits violated? No

Start date, time of event: \_\_\_\_\_ am End date, time of event: \_\_\_\_\_ am

Date, time oral notification made to DEC? 06/25/2025 pm ☒ DEC Official contacted: Jamie Malcolm

Immediate corrective actions: Notification to state.

Preventive (long term) corrective actions: Sample results will be discussed and confirmed during weekly operations meeting with operators. Sample bottle drop-off and return process will be reviewed with lab & operators to ensure that the right bottles are dropped off at the facility each month, the bottle parameter type is clearly defined on the bottle, and that changes to CoC are clearly discussed.

### SECTION 3

Complete this section if event was a bypass:

Bypass amount: \_\_\_\_\_ Was prior DEC authorization received for this event? 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: David MacLauchlin

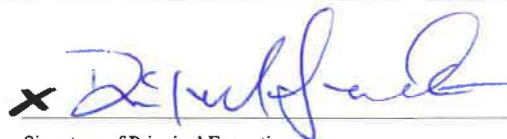
Title: Plant Manager

Date: 6/26/25

Phone #: ( 518 ) 795 - 0529

Fax #: ( )

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.



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