NYC 9/11 Public Portal Document

2014PD0158508

From:

DEP-RECEIVED
COMMISSIONER'S OFFICE
2014 JUL 16 PM 5:21

05/21/2014 10:55 #965 P.002/007

NYC Environmental Protection

Emily Lloyd
Commissioner

2ND REQUEST---7/11/14

May 16, 2014

Update on April 30, 2014 Queens/ Brooklyn Flooding Event

On April 30th, 2014 more than five inches of rain fell on New York City; it was the tenth wettest day ever recorded. While several areas experienced some flooding, the neighborhoods bordering Spring Creek and Ralph Creek were particularly hard hit. The day of the storm, the New York City Department of Environmental Protection dispatched crews to New Lots and Lindenwood to evaluate whether the local drainage and wastewater collection systems operated at full capacity. DEP determined that its Spring Creek Combined Sewer Overflow Retention Facility on Flatlands Avenue did not function as intended.

The Spring Creek facility, which went into service in the mid-1970s, contains large tanks that can store up to 20 million gallons of rainfall and wastewater. The facility is only used when rainfall rates are so great that the capacity of the two nearby treatment plants is exceeded. Excess wastewater is then diverted into the Spring Creek retention facility, to be temporarily stored until the storm ends.

The April 30th storm produced so much rain that it exceeded the capacity of the 26th Ward and Jamaica Wastewater Treatment Plants, and the Spring Creek facility also reached its storage limit late that evening. When the tanks at Spring Creek can no longer accept more flow, the system is designed to release excess water directly into Jamaica Bay. This untreated wastewater is called combined sewer overflow ("CSO").

The Spring Creek facility was recently modernized and a series of electronic level sensors and transmitters are now used to determine when excess CSO needs to be released, based upon a number of criteria including the tidal elevations. DEP found that the new electronic system malfunctioned, and releases into the bay did not promptly occur. As a result, stormwater and wastewater backed up into streets and homes in parts of the New Lots and Lindenwood neighborhoods.

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Following the flooding event, City officials went door to door and distributed Department of Health literature about mold prevention, and claims forms that allow residents to seek reimbursement for damages. These forms must be filed with the Comptroller within 90 days of the event.

Work is continuing to fully identify and correct the equipment malfunction. Until this work is completed and tested, DEP staff will monitor and manually operate the facility during storms.

DEP will seek recovery of damages from any and all responsible parties to the extent possible under applicable contracts and law.

7 5212014 10:55:31 AM [Eastern Daylight Time] CHLEWAPP1039 8004414118 01-18 IRCLAIMS

NYC-WTC_000159453

NYC 9/11 Public Portal Document

New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Form Version: NYC-COMPT-BLA-PD2M

Water Damage or Loss Claim Form

Claim must be filed *in person or by registered or certified mail within 90 days of the occurrence* at the NYC Comptroller's Office, 1 Centre Street, Room 1225, New York, New York 10007. It must be *notarized*. If claim is not resolved within *1 year and 90 days of the occurrence*, you must start legal action to preserve your rights.
TYPE OR PRINT

I am filing: ○ On behalf of myself.
● On behalf of someone else. If on someone else's behalf, please provide the following information.
○ Attorney is filing.

Last Name:	Slonaker
First Name:	Kelly
Relationship to the claimant:	Claims Specialist III Harleysville Ins. Co.

Claimant Information

*Last Name:	Family
*First Name:	Angelo + Ann Marie
Address:	PII
Address 2:	
City:	Howard Beach
State:	NY
Zip Code:	11414
Country:	
Date of Birth:	Format: MM/DD/YYYY
Soc. Sec. #	
Date of Death:	Format: MM/DD/YYYY
Phone:	
Email Address:	
Occupation:	

City Employee? ○ Yes ○ No ○ NA

Gender ○ Male ○ Female ○ Other

Attorney Information (if claimant is represented by attorney)

Firm or Last Name:	
Firm or First Name:	
Address:	
Address 2:	
City:	
State:	
Zip Code:	
Tax ID:	
Phone #:	
Email Address:	

NYC DEP
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*Denotes required field(s).

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NYC 9/11 Public Portal Document

New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

The time and place where the claim arose

*Date of Incident:	4-30-14 *Format: MM/DD/YYYY*	Address:	
Time of Incident:	*Format: HH:MM AM/PM*	Address 2:	
*Location of Incident:	PII Howard Beach, NY 11414	City:	
		State:	
		Borough:	

***Manner in which claim arose:**

Attach extra sheet(s) if more room is needed.

Sewer - back-up -
See attached letter

The items of damage claimed are (include dollar amounts):

Attach extra sheet(s) if more room is needed.

See attached

$ 19,920.94 - paid
1,000.00 - deductible
$ 20,920.94 - Total claim

Do you have any photos depicting damages? ● Yes ○ No

See attached

***Denotes required field(s).**

7 5/21/2014 10:56:31 AM [Eastern Daylight Time] CHLERWAPP1039 8004414118 01-16 RECLAIMS

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NYC 9/11 Public Portal Document

New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Witness 1 Information

Last Name:	
First Name:	
Address	
Address 2:	Insured
City:	
State:	
Zip Code:	

Witness 2 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 3 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 4 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 5 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Witness 6 Information

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

** Denotes required field(s).*

7 5/21/2014 10:55:31 AM [Eastern Daylight Time] CHLEWAPP0039 0004414119 01-16 RECLAIMS

NYC-WTC_000159456

NYC 9/11 Public Portal Document

New York City Comptroller
Scott M. Stringer

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Water Damage Information

Choose the cause of the damage: ○ Watermain Break ● Sewer Overflow ○ Street Flooding ○ Erroneous Three-day Notice ○ Other

Did you report the incident to the Department of Environmental Protection or another City Agency? ● Yes ○ No

Date Reported: *Format: MM/DD/YYYY*

Complaint Number:

Choose which describes your property: ○ APT. Building ○ Retail Store ● Private House ○ Commercial Building ○ Other (Describe below)

For the property, do you own ● **or rent** ○

If there are is any History of Water Damage please give the date(s).

City Claim # (s), if any:

Was it raining at the time of the incident? ● Yes ○ No

What was the highest level of the water in the premises? 1"

How was the water removed? professional

Indicate how the water entered the property. Check one or more.

☐ Basement Trap ☐ Toilet
☐ Sink ☐ Bathtub
☐ Foundation ☐ Walls
☐ Cellar Door ☐ Sidewalk Gratings
☐ Other (Describe below)

1" of sewer in finished basement

How long was the water in the premises?

If there was structural damage to the property please describe in detail.

If any damaged property was sold at salvage indicate the amount received and from whom.

** Denotes required field(s).*

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NYC-WTC_000159457

NYC 9/11 Public Portal Document

New York City Comptroller
Scott M. Stringer

Water Damage Information

Office of the New York City Comptroller
1 Centre Street
New York, NY 10007

Have you filed a claim with any other parties? If so, please provide name and address.

Last Name:	
First Name:	
Address	
Address 2:	
City:	
State:	
Zip Code:	

Insurance Coverage (if any)

Insurance Company	Harleysville Ins Co.
Address	P.O Box 226
Address 2:	
City:	Harleysville
State:	PA
Zip Code:	19438
Amount Paid:	$ 19,920.94
Policy Limit:	$ 25,000.00

***Total Amount Claimed:** 20,920.94 *Format: Do not include "$" or ".".*

6-2-14
Date

Kelly Slonaker
Signature of Claimant

State of New York
County of

I, Kelly Slonaker, being duly sworn depose and say that I have read the foregoing NOTICE OF CLAIM and know the contents thereof: that same is true to the best of my own knowledge, except as to the matter here stated to be alleged upon information and belief, and as to those matters, I believe them to be true.

Sworn before me this day 2nd June 2014

Signature of Claimant Kelly Slonaker
Harleysville Ins. Co.
Claims Specialist III

Signature of notary Victoria A St John

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Victoria A. St. John, Notary Public
Doylestown Boro, Bucks County
My Commission Expires May 4, 2015
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

* *Denotes required field(s).*

NYC-WTC_000159458