

Describing this incident please provide estimates of:

Staff Labor Hours Used Including Travel Time: _____

Contractor Hours Used If Any: _____

Equipment Used: _____

Estimated Total Labor Cost (\$): _____

Estimated Total Equipment Cost (\$): _____

Estimated Cost of Damage if Equipment or Components Needed Replacement: _____

Total Estimated Cost of this Incident (\$): _____

Did the incident cause a sewage spill? **Yes** **No**

If yes, provide estimated volume of spill as also provided to CIWQS in CA.: _____ **Gallons**

Additional comments or information you have that you feel is important to provide that was not provided in the fields above?

Contact Name and Phone Number or Email Address for SCAP follow up? _____

Upon completion, please email or fax form and supporting documentation to John Pastore, Executive Director, SCAP at jpastore@scap1.org or fax # 760-479-4881 www.scap1.org