



California Integrated Water Quality System Project (CIWQS)

Spill Public Report – Facility Performance Report

Following is a facility performance report for the selected agency:

SEARCH CRITERIA: [\[REFINE SEARCH\]](#)

- County (**Sacramento**)
- Collection System (**Sacramento Area Sewer District CS**)

Please see the [glossary of terms](#) for explanations of the search results column headings. [More information about the report is found at the bottom of this page.](#)

[\[VIEW PRINTER FRIENDLY VERSION\]](#)

| <u>Region</u> | <u>Place ID</u> | <u>Place Name</u> | <u>General Information</u> | | <u>Place County</u> |
|---------------|------------------------|-----------------------------------|----------------------------|-----------------------------------|---------------------|
| | | | <u>Place Type</u> | <u>Place Address</u> | |
| 5S | 630675 | Sacramento Area Sewer District CS | Collection_System | 10545 Armstrong Mather, CA, 95655 | Sacramento |



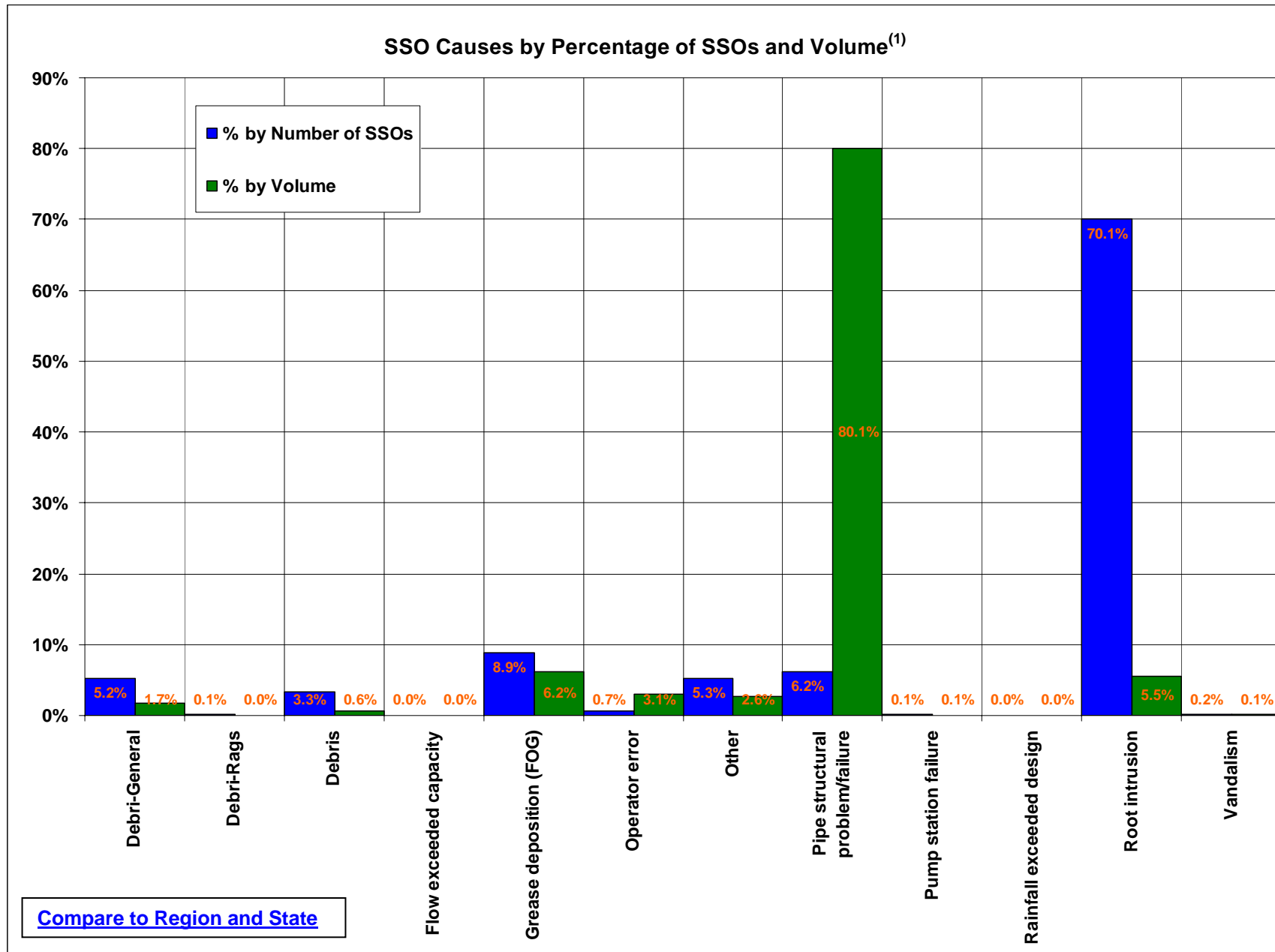
Collection System Spill Performance Information

Performance Indices: Sacramento Area Sewer District CS

| Spill Rate Indices (#spills/100mi/yr) ⁽¹⁾ | | | | | | |
|---|--------------------------------|-------------------------------|------------------------------------|--------------------------------|-------------------------------|------------------------------------|
| | Category 1 | | | Category 2 | | |
| | Mainlines⁽³⁾ | Laterals⁽⁴⁾ | Not Specified⁽⁵⁾ | Mainlines⁽³⁾ | Laterals⁽⁴⁾ | Not Specified⁽⁵⁾ |
| Sacramento Area Sewer District CS | 0.3 | 0.043 | 0.1 | 3.8 | 58.7 | 5.8 |
| State⁽⁶⁾ | 1.37 | 5.46 | 4.15 | 3.01 | 12.51 | 4.15 |
| Region⁽⁷⁾ | 1.89 | 9.04 | 5.52 | 3.63 | 0.01 | 5.52 |

| Net Volume Spilled Indices (Net Vol/Capita/yr)⁽²⁾ | | | | | | |
|---|--------------------------------|-------------------------------|------------------------------------|--------------------------------|-------------------------------|------------------------------------|
| | Category 1 | | | Category 2 | | |
| | Mainlines⁽³⁾ | Laterals⁽⁴⁾ | Not Specified⁽⁵⁾ | Mainlines⁽³⁾ | Laterals⁽⁴⁾ | Not Specified⁽⁵⁾ |
| Sacramento Area Sewer District CS | 0.0050 | 0.0429 | 0.0015 | 0.0007 | 0.0015 | 0.0004 |
| State⁽⁶⁾ | 1.214 | 0.477 | 1.160 | 0.020 | 0.003 | 0.016 |
| Region⁽⁷⁾ | 6.000 | 0.873 | 2.708 | 0.018 | 0.013 | 0.000 |

- (1)** The number of Category 1 and 2 SSOs resulting from a failure in the Enrollee's sewer system per 100 miles sewer system owned by the Enrollee per year.
- (2)** Net Volume (volume spilled minus volume recovered) of SSOs, for which the reporting Enrollee is responsible, per capita (i.e. the population served by your agency's sanitary sewer system), per year.
- (3)** Value calculated using miles of force mains and other pressure systems and miles of gravity sewers the agency is responsible for
- (4)** Value calculated using miles of laterals the agency is responsible for (Lower Only, Upper/Lower). For collection systems with no lateral responsibility a "N/A" will be shown.
- (5)** Value Calculated using total miles of collection system pipe responsible
- (6)** Comparison made between similar collection systems type (e.g. Municipal), and lateral responsibility for the entire state
- (7)** Comparison made between similar collection systems type (e.g. Municipal), and lateral responsibility for collection systems in same region (e.g. Region 5S)
- (8)** For Criteria used and term definitions refer to the [SSO Glossary of Terms](#)



⁽¹⁾ The percentage of SSO spills reported by spill cause and volume. "Other" category noted in the chart may include: unknown cause, multiple causes, maintenance, improper installation, valve failure, failure from diversion during construction, siphon failure, inappropriate discharge, and non-collection system related.

Collection System Information

Agency information: Sacramento Area Sewer District CS

| Collection System Information ⁽¹⁾ | |
|--|------------|
| Status | Active |
| Last Updated On | 12/28/2009 |
| Population Served | 1,005,000 |
| Miles of Force Main | 52 |
| Miles of Gravity Sewer | 3,000 |
| Miles of Laterals | 2,500 |
| Portion of Laterals Responsible | Lower |
| Miles of Laterals Responsible | 1300 |
| Number Service Lateral | 316,000 |
| Sewer Constructed 2000 Current | 18% |
| Sewer Constructed 1980 1999 | 28% |
| Sewer Constructed 1960 1979 | 40% |
| Sewer Constructed 1940 1959 | 14% |
| Sewer Constructed 1920 1939 | 0% |
| Sewer Constructed 1900 1919 | 0% |
| Sewer Constructed Before 1900 | 0% |
| Inaccessible Sewer (Miles) | 232 |
| Sewer Clean Production(Miles/Yr) | 729 |
| Gravity Sewer Inspection (Miles/Yr) | 119 |

⁽¹⁾ The information presented above was provided by the Enrollee in the Collection System Questionnaire.

SSMP Information: Sacramento Area Sewer District CS

| Sewer System Management Plan (SSMP)⁽¹⁾ | |
|---|------------------|
| Task and Associated Section | Completed |
| Development Plan and Schedule | Yes |
| Section I - Goal | Yes |
| Section II - Organization | Yes |
| Section III - Legal Authority | Yes |
| Section IV - Operation & Maintenance Program | Yes |
| Section V - Design & Performance Provisions | Yes |
| Section VI - Overflow Emergency Response Plan | Yes |
| Section VII - FOG Control Program | Yes |
| Section VIII - System Evaluation & Capacity Assurance Plan | Yes |
| Section IX - Monitoring, Measurement, and Program Modifications | Yes |
| Section X - SSMP Program Audits | Yes |
| Section XI - Communication Program | Yes |
| Complete SSMP Implementation | Yes |

(1) Under the [Statewide General WDRs for Sanitary Sewer Systems, WQO No. 2006-0003](#), enrollees are required to develop and implement a written Sewer system Management Plan (SSMP), and must make it publicly available. The SSMP must be approved by the deadlines in the SSMP Time Schedule presented in the Sanitary Sewer Systems WDR.

Additional Information:

- Data used for the performance report is reported by the enrollees through the CIWQS (California Integrated Water Quality System) SSO module. The Facility Performance Report presents SSO spill performance by the selected collection system.
- Indices are calculated using all data available since reporting was required for all enrollees as specified in the Sanitary Sewer Systems WDR (Regions 4,8,9 – 1/2/2007; Regions 1,2,3 – 5/2/2007; and, Regions 5,6,7 – 9/2/2007).
- Comparisons are made between similar collection systems type (e.g. Municipal), and lateral responsibility for the entire state and region.
- Category 1 spills are required to be fully certified 15 calendar days after SSO response conclusion and Category 2 spills are required to be fully certified 30 Calendar days after end of calendar month which SSO occurred. Therefore expect a 30+ calendar day lag in the performance data presented.
- Average Number of Spills per 100 miles: Measures the number of sewer overflows per 100 miles of sewer lines. Notice that this indice vary strongly influenced by the length of collection system owned by the enrollee.
 - For instance, an enrollee that owns and operates a collection system of one (1) mile in length having only one (1) spill (analyzing data for ONE year) will have a performance indice of 100.0 spills/100mi/yr. On the other hand, an enrollee that owns and operates a collection system of one hundred (100) miles in length having only one (1) spill (analyzing data for ONE year) will have a performance indice of 1.0 spills/100mi/yr.
- Average Net Volume (volume spilled minus volume recovered) of Spills per Capita: Measures the volume in gallons of SSOs, for which the reporting Enrollee is responsible, per capita (the population served by your agency's sanitary sewer system). For instances where the volume recovered is greater than the volume spilled, the net volume will be considered to be zero.
- The "agency", or Enrollee, listed on a SSO report is responsible for the data presented in this report and should be contacted directly for questions related to their performance.
- More information on the Sanitary Sewer Overflow Reduction program is available at: http://www.waterboards.ca.gov/water_issues/programs/sso/index.shtml
- The Sanitary Sewer Overflows Incident Map is available at: http://www.waterboards.ca.gov/water_issues/programs/sso/sso_map/sso_pub.shtml
- The Interactive SSO report: https://ciwqs.waterboards.ca.gov/ciwqs/readOnly/PublicReportSSOServlet?reportAction=criteria&reportId=sso_main

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Navigate to:

You are logged-in as: SSO Demo . If this account does not belong to you, please log out.

SSO - Menu ?

Regional Water Board: Region 5S - Sacramento

Agency: State Water Resources Control Board

Sanitary Sewer System: Demo North CS

WDID:

- [Collection System Questionnaire](#) ?
Pertinent information regarding your collection system.
- [Sewer System Management Plan \(SSMP\) Certification](#) ?
Certify SSMP completion/compliance
- [Reporting New SSO](#) ?
Report new SSO.
- [Batch Upload SSO Reports](#) ?
Upload multiple SSO Reports at once.
- [Reporting New PLSD](#) ?
Report new SSO.
- [Batch Upload PLSD Reports](#) ?
Upload multiple PLSD Reports at once.
- [Modifying Existing Report](#) ?
View/Modify existing SSO or PLSD Report.
- [Generate No Spill Certification](#) ?
Certify that no SSOs occurred within a certain time period.
- [View SSO Incident Map - Public Collection Systems \(Not Site Specific\)](#)
- [View SSO Incident Map - Private Laterals \(Not Site Specific\)](#)

SCREEN 1

Note: Fields in “red” are calculated, user will be able to change/over-ride “County” and “Regional Board” fields.

Note: All questions are required to be answered.

Physical Location Details

Spill location name:

Latitude of spill location:

deg. min. sec. OR decimal degrees [\[GIS Tool \]](#)

Longitude of spill location:

deg. min. sec. OR decimal degrees [\[GIS Tool \]](#)

County: Regional Water Quality Control Board:

Estimated Spill Volumes

- a) **Estimated spill volume that reached a separate storm drain that is tributary to a surface water body?**
 gallons
- b) **Estimated spill volume recovered from the separate storm drain that is tributary to a surface water body?**
(Do not include water used for clean-up)
 gallons
- c) **Estimated spill volume that reached a drainage channel that is tributary to a surface water body?**
 gallons
- d) **Estimated spill volume discharged directly to a surface water body?**
 gallons
- e) **Estimated spill volume discharged to land?**
(Includes discharges directly to land and discharge to a storm drain or drainage channel that is tributary to a storm water infiltration structure)
 gallons
- f) **Estimated spill volume recovered from the discharge to land?**
(Do not include water used for clean-up)
 gallons

| Calculated Total spill volume Reach Surface Water | Calculated Total spill volume Reach Land | Calculated Total spill volume Recovered | Calculated Total spill volume |
|---|--|---|----------------------------------|
| a-b+c+d | e | b+f | a+c+d+e |



Navigate to:

You are logged-in as: SSO Demo . If this account does not belong to you, please log out.

SSO - Questionnaire ? [SSO Menu](#)

Regional Water Board: Region 5S - Sacramento
Agency: State Water Resources Control Board
Sanitary Sewer System: SSO Demo
WDID:

Collection System Questionnaire

Note: All questions are required to be answered. Enter N/A for questions that do not apply.

Last successfully updated: 2010-11-08

Collection System Questionnaire ?

1) Sanitary Sewer System Category:

2) What is the population served by your agency's sanitary sewer system?

3) What is your current annual operation and maintenance budget for sanitary sewer system facilities?

4) What is your current annual capital expenditure budget for sanitary sewer system facilities?

Please identify the total number of employees (technical and mechanical) for your agency's sanitary sewer system (including pump station operations) working within the different classifications listed below.

5) Entry Level (Less than 2 years experience)

Number of agency employees?

6) Journey Level (Greater than or equal 2 years experience)

Number of agency employees?

7) Supervisory Level

Number of agency employees?

8) Managerial Level

Number of agency employees?

Please identify the total number of employees who hold CWEA Certification for Collection System Maintenance and/or Plant Maintenance-Includes Mechanical Technologist and Electrical/Instrumentation for your agency's sanitary sewer system (including pump station operations) for the various Certificates and Grades levels listed below.

9) Grade I

Number of certified (Grade I Collection System Maintenance) agency employees:

Number of certified (Grade I Plant Maintenance Technologist) agency employees?

10) Grade II

Number of certified (Grade II Collection System Maintenance) agency employees:

Number of certified (Grade II Electrical/Instrumentation Technologist) agency employees:

Number of certified (Grade II Mechanical Technologist) agency employees:

11) Grade III

Number of certified (Grade III Collection System Maintenance) agency employees:

Number of certified (Grade III Electrical/Instrumentation Technologist) agency employees:

Number of certified (Grade III Mechanical Technologist) agency employees:

12) Grade IV

Number of certified (Grade IV Collection System Maintenance) agency employees:

Number of certified (Grade IV Electrical/Instrumentation Technologist) agency employees:

Number of certified (Grade IV Mechanical Technologist) agency employees:

13) Estimated Size Distributions of Assets

| Diameter of sewer pipe | Gravity Sewers (miles) | Force Mains (miles) |
|------------------------|------------------------|---------------------|
| 6 inches or less | [# or ENTER ZERO] | [# or ENTER ZERO] |
| 8 inches | [# or ENTER ZERO] | [# or ENTER ZERO] |
| 9 - 18 inches | [# or ENTER ZERO] | [# or ENTER ZERO] |
| 19 - 36 inches | [# or ENTER ZERO] | [# or ENTER ZERO] |
| > 36 inches | [# or ENTER ZERO] | [# or ENTER ZERO] |
| Unknown Diameter | [# or ENTER ZERO] | [# or ENTER ZERO] |
| Totals | [# or ENTER ZERO] | [# or ENTER ZERO] |

14) Estimated total miles of laterals (upper and lower)?

15) Which portion of laterals is your agency responsible for?

(If the answer of question-14 is None, no need to answer for question-15)

16) Estimated total miles of laterals your agency is responsible for?

17) Number of service lateral connections?

18) Approximately, what percentage of your sanitary sewer system piping and number of pump stations were constructed between the years of:

(note: total must sum to 100%)

| Age | Gravity & Pressure Sewers (%) | Pump Stations ¹ 25k Gal/day & Over (number of stations) | Pump Stations ¹ Under 25k Gal/day (number of stations) |
|----------------|-------------------------------|--|---|
| 2000 - Present | [%] | [#or ENTER ZERO] | [#or ENTER ZERO] |
| 1980 - 1999 | [%] | [#or ENTER ZERO] | [#or ENTER ZERO] |
| 1960 - 1979 | [%] | [#or ENTER ZERO] | [#or ENTER ZERO] |
| 1940 - 1959 | [%] | [#or ENTER ZERO] | [#or ENTER ZERO] |
| 1920 - 1939 | [%] | [#or ENTER ZERO] | [#or ENTER ZERO] |
| 1900 - 1919 | [%] | [#or ENTER ZERO] | [#or ENTER ZERO] |
| Before 1900 | [%] | [#or ENTER ZERO] | [#or ENTER ZERO] |
| Unknown Age | [%] | [#or ENTER ZERO] | [#or ENTER ZERO] |
| Totals | [%] | [#or ENTER ZERO] | [#or ENTER ZERO] |

¹ For pump stations, flow categories are the maximum flow rate occurring over a 24-hr period based on annual operating data. Age is date asset was originally constructed.

19) Estimated total miles of your sanitary sewer system not accessible by vehicle?

20) What is your total gravity sewer system cleaning production in miles/year?

21) What is your total gravity sewer system condition inspection (e.g., CCTV) production in miles/year?

22) Does this collection system discharge to a waste treatment plant (WTP) or separately enrolled collection system that is also owned by your agency?

| |
|-----|
| Yes |
| No |

23) If yes, list the appropriate WDIDs below (list only WTP # if CS discharges directly to WTP, other wise list the WDIDs for the CS discharged to and WTP):

Receiving Treatment Plant WDID:

Receiving Collection System WDID:

24) If no, list the name and WDID, if known, for the facilities discharged to that are not owned by your agency below:

Receiving Treatment Plant Name:

Receiving Treatment Plant WDID:

Receiving Collection System Name:

Receiving Collection System WDID:

25) Do separately enrolled collection systems that are also owned by your agency discharge to this collection system?

| |
|-----|
| Yes |
| No |

26) If yes, list the appropriate WDID for the collection system below :

| Tributary Collection System Name | Tributary Collection System WDID |
|----------------------------------|----------------------------------|
| [Name or UNKNOWN] | [# or UNKNOWN] |
| [Name or UNKNOWN] | [# or UNKNOWN] |
| [Name or UNKNOWN] | [# or UNKNOWN] |
| [Name or UNKNOWN] | [# or UNKNOWN] |
| [Name or UNKNOWN] | [# or UNKNOWN] |

- 27) If no, list the name and WDID, if known, for the facilities that are not owned by your agency tributary to this collection system below:

| Tributary Collection System Name | Tributary Collection System WDID |
|----------------------------------|----------------------------------|
| [Name or UNKNOWN] | [# or UNKNOWN] |
| [Name or UNKNOWN] | [# or UNKNOWN] |
| [Name or UNKNOWN] | [# or UNKNOWN] |
| [Name or UNKNOWN] | [# or UNKNOWN] |
| [Name or UNKNOWN] | [# or UNKNOWN] |

28) Estimated Collection System Flow Characteristics

| Average Daily Dry Weather Flow (MGD) | Peak Daily Wet Weather Flow (MGD) |
|--------------------------------------|-----------------------------------|
| [# or UNKNOWN] | [# or UNKNOWN] |

- 29) How many gravity aerial crossing sections (e.g. sewer lines crossing over water bodies) are located throughout the sewer collection system?
- 30) How many pressurized aerial crossing sections (e.g. sewer lines crossing over water bodies) are located throughout the sewer collection system?
- 31) How many siphons used to convey sewage under waterways and/or other deep obstructions are located throughout the sewer collection system?

Note: All questions are required to be answered.

[Export Questionnaire History To Excel](#)

SCREEN 2 – CAT 1 SSO to Surface Water

Note: Fields in “red” are calculated and/or populated from Screen 1, user will be able to change/over-ride all fields in this form.

Note: Questions with “*” are required to be answered to certify this report. You have minutes to save your report before your session expires.

Submit Draft On:

Last Updated By:

[SSO Demo](#)

1 - Spill Type:

SSO Category 1 to Surface Water

Spill Type:

*2 - Estimated spill volumes

- a) **Estimated spill volume that reached a separate storm drain that is tributary to a surface water body?**
 gallons
- b) **Estimated spill volume recovered from the separate storm drain that is tributary to a surface water body?**
(Do not include water used for clean-up)
 gallons
- c) **Estimated spill volume that reached a drainage channel that is tributary to a surface water body?**
 gallons
- d) **Estimated spill volume discharged directly to a surface water body?**
 gallons
- e) **Estimated spill volume discharged to land?**
(Includes discharges directly to land and discharge to a storm drain or drainage channel that is tributary to a storm water infiltration structure)
 gallons
- f) **Estimated spill volume recovered from the discharge to land?**
(Do not include water used for clean-up)
 gallons

| Calculated Total spill volume Reach Surface Water | Calculated Total spill volume Reach Land | Calculated Total spill volume Recovered | Calculated Total spill volume |
|---|--|---|----------------------------------|
| a-b+c+d | e | b+f | a+c+d+e |

3 - Did the spill discharge to a drainage channel and/or surface water?

4 - Did the spill reach a storm drainpipe that is not part of a combined sewer system?

5 - If spill reached a separate storm drainpipe, was all of the wastewater fully captured from the separate storm drain and returned to the sanitary sewer system?

Physical Location Detail

***6 - Spill location name:**

***7 - Latitude of spill location:**

 deg. min. sec. OR decimal degrees [\[GIS Tool \]](#)

***8 - Longitude of spill location:**

 deg. min. sec. OR decimal degrees [\[GIS Tool \]](#)

9 - County:

10 - Regional Water Quality Control Board:

11 - Spill location description:

(Use attachment if location description is more than 2000 characters)

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

***18 - Date and time sanitary sewer system agency was notified of or discovered spill:**

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

***19 - Estimated Operator arrival date/time:**

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

***20 - Estimated spill end date/time:**

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

***21 - Spill cause:**

- Debris-general
- Debris-rags
- Debris-construction
- Root intrusion
- Root intrusion & debris
- Grease deposition (FOG)
- Grease deposition & root intrusion
- Grease deposition, root intrusion & debris
- Grease deposition & debris
- Operator error

- Pipe structural problem/failure - construction
- Pipe structural problem/failure - installation
- Pump station failure-Power
- Pump station failure-Controls
- Pump station failure-Mechanical
- Air Relief Valve Failure (ARV)
- Rainfall exceeded design
- Flow exceeded capacity
- Surcharged pipe
- Vandalism
- CS maintenance
- Inappropriate discharge to CS
- Construction - diversion failure
- Damage by others (specify below)
- Other (specify below)

22 - Spill cause explanation:

(Required if spill Cause is "Other")

***32 Spill response completion date:**

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

***33 - Spill corrective action taken:**

(Hold Ctrl key to Select Multiple answers from the list)

34 - Explanation of spill corrective action taken:

(Required if spill corrective action is "Other")

***35 - Is there an ongoing investigation?**

36 - Visual inspection results from impacted receiving water:

***37 - Health warnings posted?**

Yes

***38 - Name of impacted beach(es) (enter NA if None):**

***39 - Name of impacted surface water(s) (enter "Un-named Tributary to" XXXXX where XXXXX is the name of first named downstream tributary if receiving surface water body is un-named):**

***40 - Water quality samples analyzed for:**

(Hold Ctrl key to Select Multiple answers from the list)

41 - Explanation of water quality samples analyzed for:

(Required if water quality samples analyzed for is "Other chemical indicator(s)", "Biological indicator(s)", or "Other")

***42 - Water quality sample results reported To:**

(Hold Ctrl key to Select Multiple answers)

43 - Explanation of water quality sample results reported to:

(Required if water quality sample results reported to is "Other")

Notification Details

***44 – Cal EMA Control Number**

(Required for **Category 1** - see SSO Monitoring and Reporting Program Requirements):

***45 - Cal EMA Called Date/Time**

(Required for **Category 1** - see SSO Monitoring and Reporting Program Requirements):

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

Note: Questions with "" are required to be answered to certify this report.*

SCREEN 2 – CAT 2 SSO & CAT 1 SSO Not to Surface Water

Note: Fields in “red” are calculated and/or populated from Screen 1, user will be able to change/over-ride all fields in this form.

Note: Questions with “*” are required to be answered to certify this report. You have minutes to save your report before your session expires.

Submit Draft On:

Last Updated By:

[SSO Demo](#)

1 - Spill Type:

SSO Category 2 & Category 1 Not to Surface Water

*2 - Estimated spill volumes

- a) **Estimated spill volume that reached a separate storm drain that is tributary to a surface water body?**
 gallons
- b) **Estimated spill volume recovered from the separate storm drain that is tributary to a surface water body?**
 (Do not include water used for clean-up)
 gallons
- c) **Estimated spill volume that reached a drainage channel that is tributary to a surface water body?**
 gallons
- d) **Estimated spill volume discharged directly to a surface water body?**
 gallons
- e) **Estimated spill volume discharged to land?**
 (Includes discharges directly to land and discharge to a storm drain or drainage channel that is tributary to a storm water infiltration structure)
 gallons
- f) **Estimated spill volume recovered from the discharge to land?**
 (Do not include water used for clean-up)
 gallons

| Calculated Total spill volume Reach Surface Water | Calculated Total spill volume Reach Land | Calculated Total spill volume Recovered | Calculated Total spill volume |
|---|--|---|----------------------------------|
| a-b+c+d | e | b+f | a+c+d+e |

3 - Did the spill discharge to a drainage channel and/or surface water?

4 - Did the spill reach a storm drainpipe that is not part of a combined sewer system?

5 - If spill reached a separate storm drainpipe, was all of the wastewater fully captured from the separate storm drain and returned to the sanitary sewer system?

Physical Location Detail

***6 - Spill location name:**

***7 - Latitude of spill location:**

 deg. min. sec. OR decimal degrees [\[GIS Tool \]](#)

***8 - Longitude of spill location:**

 deg. min. sec. OR decimal degrees [\[GIS Tool \]](#)

9 - County:

10 - Regional Water Quality Control Board:

11 - Spill location description:

(Use attachment if location description is more than 2000 characters)

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

*** 18 - Date and time sanitary sewer system agency was notified of or discovered spill:**

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

*** 19 - Estimated Operator arrival date/time:**

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

*** 20 - Estimated spill end date/time:**

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

*** 21 - Spill cause:**

- Debris-general
- Debris-rags
- Debris-construction
- Root intrusion
- Root intrusion & debris
- Grease deposition (FOG)
- Grease deposition & root intrusion
- Grease deposition, root intrusion & debris
- Grease deposition & debris
- Operator error




- Pipe structural problem/failure - construction
- Pipe structural problem/failure - installation
- Pump station failure-Power
- Pump station failure-Controls
- Pump station failure-Mechanical
- Air Relief Valve Failure (ARV)
- Rainfall exceeded design
- Flow exceeded capacity
- Surcharged pipe
- Vandalism
- CS maintenance
- Inappropriate discharge to CS
- Construction - diversion failure
- Damage by others (specify below)
- Other (specify below)

22 - Spill cause explanation:

(Required if spill Cause is "Other")



32 Spill response completion date:

 00  : 00  Date Format: **MM/DD/YYYY**

33 - Spill corrective action taken:

(Hold Ctrl key to Select Multiple answers from the list)

34 - Explanation of spill corrective action taken:

(Required if spill corrective action is "Other")

35 - Is there an ongoing investigation?

SCREEN 1 – PLSD

1 - Name of responsible party (if known):

*2 - Estimated spill volume?

 gallons

3 - Did the spill discharge to a drainage channel and/or surface water?

| |
|---------|
| Yes |
| No |
| Unknown |

4 - Did the spill reach a storm drainpipe that is not part of a combined sewer system?

| |
|---------|
| Yes |
| No |
| Unknown |

5 - If spill reached a separate storm drainpipe, was all of the wastewater fully captured from the separate storm drain and returned to the sanitary sewer system?

| |
|---|
| Yes |
| No |
| Not Applicable - Spill did not reach a separate storm drainpipe |
| Unknown |

6 - Estimated volume of spill recovered:

 gallons ([View History](#))

7 - Estimated volume of spill that reached surface water, drainage channel, or not recovered from a separate storm drain:

 gallons

Physical Location Details

*8 - Street number:

9 - *Street name:

10- *Suite/Apt:

11 - *City:

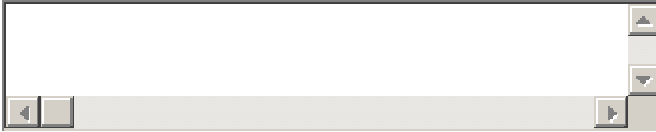
12 - State:

| | |
|----|---|
| CA | ▼ |
|----|---|

13 - *Zip:

14 - Spill location description:

(Use attachment if location description is more than 2000 characters)



Spill Details

***15 - Spill appearance point:**

(Hold Ctrl key to Select Multiple answers from the list)

- Building or structure
- Force main
- Gravity sewer
- Manhole
- Pump station
- Combined sewer D.I.
- Clean out
- Other sewer system structure (specify)
- Other (specify)

16 - Spill appearance point explanation:

(Required if spill appearance point is "Other")



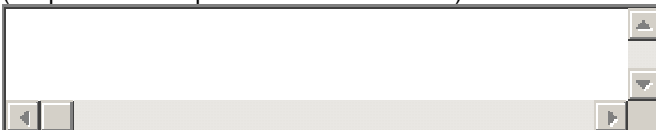
17 - Final spill destination:

(Hold Ctrl key to Select Multiple answers from the list)

- Beach
- Building or structure
- Other paved surface
- Separate storm drain
- Combined storm drain
- Street/curb and gutter
- Surface water
- Drainage channel
- Unpaved surface
- Other (specify below)
- Unknown

18 - Explanation of final spill destination:

(Required if final spill destination is "Other")



19 - Estimated current spill rate (if applicable):

gallons per minute

***20 - Estimated spill start date/time:**

00 00 Date Format: **MM/DD/YYYY**

***21 - Date and time sanitary sewer system agency was notified of or discovered spill:**

00 00 Date Format: **MM/DD/YYYY**

22 - Estimated Operator arrival date/time:

00 00 Date Format: **MM/DD/YYYY**

23 - Estimated spill end date/time:

00 00 Date Format: **MM/DD/YYYY**

24 - Spill cause:

- Debris-general
- Debris-rags
- Debris-construction
- Root intrusion
- Root intrusion & debris
- Grease deposition (FOG)
- Grease deposition & root intrusion
- Grease deposition, root intrusion & debris
- Grease deposition & debris
- Operator error
- Pipe structural problem/failure**
- Pipe structural problem/failure - construction
- Pipe structural problem/failure - installation
- Pump station failure-Pow er
- Pump station failure-Controls
- Pump station failure-Mechanical
- Air Relief Valve Failure (ARV)
- Rainfall exceeded design
- Flow exceeded capacity
- Surcharged pipe
- Vandalism
- CS maintenance
- Inappropriate discharge to CS
- Construction - diversion failure
- Damage by others (specify below)
- Other (specify below)
- Unknown

25 - Spill cause explanation:

(Required if spill Cause is "Other")

