

OES Report/
Incident #:

OES:
(800) 852-7550

DISTRICT NAME Courtesy Notice

PRIVATE SYSTEM OVERFLOW INCIDENT

This private system incident originated from a privately owned and operated sewage or irrigation distribution system and is not the responsibility of the reporting Agency. The reporting Agency is providing this information as a courtesy in an effort to preserve the integrity of the environment.

1. *Take Photos of the incident*
2. *Contact Risk Management*
3. *Attach Photos to completed Report*

OVERFLOW INFORMATION	
Estimated overflow volume (gal) *	
Estimated recovered (gal)	
Start date & time (am/pm)	
End date & time (am/pm)	
LOCATION INFORMATION & RESPONSIBLE PARTY	
Street address	
City & Zip	
System owner	
System owner's phone number	

* Use Reference Sheet for Estimating Sewer Spills from Overflowing Sewer Manholes to determine overflow rate in gallons

Overflow Type: (check appropriate box)

- Untreated sewage
 Secondary treated
 Reclaimed water
 Other _____

Detailed explanation of the cause:

Description of the overflow structure:

(e.g., lateral line, irrigation line, size of the line, etc.)

Overflow cause: (check appropriate box)

<input type="checkbox"/> Roots	<input type="checkbox"/> Grease	<input type="checkbox"/> Line break	<input type="checkbox"/> Infiltration
<input type="checkbox"/> Rocks	<input type="checkbox"/> Blockage	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Power failure
<input type="checkbox"/> Debris	<input type="checkbox"/> Flood damage	<input type="checkbox"/> Construction	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other _____		

The situation was resolved by: (explain which corrective measures were taken/planned, including any assistance the reporting Agency may have given to the system owner)

NOTIFICATION CHECKLIST

AGENCY	DATE OF NOTIFICATION	TIME	PH./FAX/VOICE (Indicate which)
Regional Water Quality Control Board (_____ - Region ____) (xxx) -xxx-xxxx) (phone) (xxx) -xxx-xxxx) (fax)			
_____ County Health Care Agency 1) 2) 3 4 After Hours County Communications (xxx) -xxx-xxxx) Fax (xxx) -xxx-xxxx)			
_____ County Wastewater Authority (xxx) -xxx-xxxx) (phone) (xxx) -xxx-xxxx) (fax) _____ (e-mail)			
State of California Office of Emergency Services (800) 852-7550			
City Where Incident Occurred: (circle the correct city) City: Contact: Office Phone: Cell Phone: Fax: City: Contact: Office Phone: Cell Phone: Fax:			