

DISTRICT NAME

SANITARY SEWER OVERFLOW REPORT-Public System

CIWQS Identifier: _____ Task Order # _____

This report is: Preliminary Final Revised

Reporting Details

Name & Title of Person Completing this Report: _____

Phone # _____ Date: _____ Time: _____ (00:00)
(24-hour clock)

Name of Person First Reporting SSO: _____

Phone # _____ Date: _____ Time: _____ (00:00)
(24-hour clock)

Location of Overflow

Street Address: _____ Nearest Cross Street: _____

Thomas Brothers Grid: _____ Latitude of SSO: _____ Longitude of SSO: _____

City: _____ County: San Bernardino Zip: _____

Location of Potential Blockage or Problem Point: From MH#: _____ To MH#: _____

SSO Appearance Point: Building Force Main Manhole Sewer Pump Station
 Other: _____

Terrain at SSO Location: Flat Mixed Steep

Diameter of Sewer: _____ in Material of Sewer: _____ Estimated Age: _____ yrs

SSO Details

Estimated Overflow **START**: Date: _____ Time: _____ (00:00)
(24-hour clock)

Estimated **ARRIVAL** of Operator: Date: _____ Time: _____ (00:00)
(24-hour clock)

Estimated Overflow **STOP**: Date: _____ Time: _____ (00:00)
(24-hour clock)

Duration of Spill (in minutes) = _____ Minutes

Estimated Overflow Rate: _____ gpm Total Volume of SSO: _____ gal

SSO Volume Recovered: _____ gal SSO Volume Lost: _____ gal

SSO Cause: Debris Flow Exceeded Capacity FOG Rainfall Roots
 Operator Error Structural Problem Pump Station Failure Vandalism
 Other: _____

If wet weather caused the SSO, chose storm size:
 1yr 2yr 5yr 10yr 50yr 100yr >100yr Unknown

SSO Destination Details

SSO Final Destination: Beach Building Paved Surface Unpaved Surface Storm Drain
Curb & Gutter Surface Water Other:_____

If SSO reached a storm drain, give street location (Specify N/S/E/W side):_____

Describe distance (feet) and path taken from SSO to storm drain inlet:_____

If SSO reached surface waters, describe Receiving Waters:_____

If applicable, name and/or describe Secondary Receiving Water:_____

Response

Response Activities (Check ALL that Apply): Contained All or Part of SSO Restored Flow
Returned All or Part of SSO to Sewer Cleaned Up CCTV
Other:_____

Responding District Personnel:	Time Arrived:	Time Departed:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equipment Used:_____

Other Responding Agency/Contractor:_____

SSO Clean-up Details

Materials Used for Containment:_____

Washwater Disposal Method:_____

Volume of Washwater Used: _____gal

Combined Volume of Recovered Washwater and Sewage-Contaminated Water: _____gal

Combined Volume of Lost Washwater and Sewage-Contaminated Water: _____gal

Miscellaneous (Attach photos, correspondence, or follow-up reports that provide detailed information.)

Remarks:_____

Prevention Plan

Steps, taken or planned, to reduce or eliminate re-occurrence of SSO: _____

Schedule of any MAJOR milestones or improvements: _____

Steps, taken or planned, to mitigate the impacts of the SSO: _____

Schedule of any MAJOR milestones or improvements: _____

Notification Contact List (Check all who were notified.)

Name/Agency	Phone #	Time	Date
<input type="checkbox"/> Regional Board (SARWQCB)	(909) 782-4130	_____	_____
<input type="checkbox"/> Office of Emergency Services (OES)	1-800-852-7550	_____	_____
<input type="checkbox"/> Environmental Health Division	1-800-472-2376	_____	_____
<input type="checkbox"/> Risk Management Office	(909) 483-7404	_____	_____
<input type="checkbox"/> Police Dept-Emergency Services	(909) 477-2800	_____	_____
<input type="checkbox"/> Fire Department	(909) 988-5911	_____	_____
<input type="checkbox"/> Const. & Maint. Superintendent	(909) 483-7400	_____	_____
<input type="checkbox"/> Director of Operations	(909) 483-7410	_____	_____
<input type="checkbox"/> Contracting Agencies	_____	_____	_____
<input type="checkbox"/> San Bernardino Flood Control	(909) 387-8109	_____	_____
<input type="checkbox"/> General Manager	(909) 483-7436	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

MUST notify OES, San Bernardino County Division Environmental Health, and SARWQCB within **2 HOURS** of becoming aware of an SSO reaching storm pipes, drainage channels, and/or surface waters

OES Control # _____

Report faxed to RWQCB? Yes No If yes, date and time of fax: _____

Public Use Closures

Were signs posted warning of contaminants? Yes No Dates Posted: _____

Location of Postings: _____

Were samples obtained of contaminated water? Yes No (Attach any and all results.)