

READ THIS FIRST

In the event of a Sanitary Sewer Overflow

Check here if you believe that fats, oils and/or grease (FOG) caused or contributed to the SSO

After performing initial evaluation, contact (in order until someone is reached):

Environmental Services:	577.6200 (bus hrs)	652.3334 (cell)	577.6200 (after hrs)
Wastewater Supervisor:	577.6234 (bus hrs)	652.9506 (cell)	577.6200 (after hrs)
Wastewater Supervisor:	577.6287 (bus hrs)	652.7425 (cell)	577.6200 (after hrs)
Wastewater Supervisor:	577.6239 (bus hrs)	652.9069 (cell)	577.6200 (after hrs)
Wastewater Manager:	577.6222 (bus hrs)	652.0326 (cell)	577.6200 (after hrs)
Senior Operator on Duty:	577.6225 Pvt 607		

Instructions

Collections Staff

- 1st: Open this envelope.
- 2nd: Follow the instructions on the card: "Responding to a Sanitary Sewer Overflow"
- 3rd: Reference the Field Binder as necessary
- 4th: Complete the Chain of Custody record (right) and forward this packet to the Collections System Supervisor



Collections System Supervisor

- 1st: Open this envelope. Review forms.
- 2nd: Forward the Regulatory Notifications Packet to the person authorized to make required notifications (enter name and title of that individual to the right).
- 3rd: Archive all documentation related to this incident in accordance with City of Modesto procedures.

Chain of Custody

Print Name: _____

Initial: _____

Date: _____

Time: _____

Print Name: _____

Initial: _____

Date: _____

Time: _____

Regulatory Notifications Packet given to:

Name: _____

Title: _____

For any media requests: Public Information Analyst 209.571.5215 (office) 209.495.9864 (cell)

Sanitary Sewer Overflow Packet: Table of Contents

<u>Form</u>	<u>Form Number</u>
Instructions and Chain of Custody	envelope label
Responding to a Sanitary Sewer Overflow	OP-1
Sewer Overflow Report	-2
Sewer Spill Reference Guide	pamphlet
Public Posting	n/a
Door Hanger.....	n/a

SSO Packet: Sanitary Sewer Overflow Report**Side A**This Report is (*check one*): Preliminary Final Revised Final**A. SPILL LOCATION**

Spill Location Name:

Street Name and Number:

Street Direction (e.g., N, S, W, NE, SW, etc.):

Nearest Cross Street

City:

Zip Code:

County: Stanislaus

Spill Location Description:

Location 2: Street Name and Number:

Location 3: Street Name and Number:

Use separate sheet for more than three locations

B. SPILL DESCRIPTIONSpill Appearance Point: Building/Structure Force Main Gravity Sewer Other Sewer System Structure Pump Station
 Manhole- Structure ID#: Other (specify):Did the spill reach a gravity storm drain? Yes NoIf the spill reached a gravity storm drain, was it fully captured and returned to the Sanitary Sewer? Yes NoIf spill was NOT fully captured and returned to sanitary sewer, does gravity storm drain discharge to a dedicated storm water or ground water infiltration basin (i.e. Rockwell or retention basin)? Yes NoWas this spill from a private service lateral? Yes No If YES, name of responsible party:Final Spill Destination: Beach Building structure Other paved surface Storm drain Street/curb& gutter
 Surface water Unpaved surface Other (*specify*):

Estimated spill volume (in gallons):

Method calculated:

Est. volume of SSO recovered (gal):

Were photos taken? No Yes – how many?

Estimated volume of spill reaching surface water, drainage channel, or not recovered from a storm drain (gal):

Note: Notify Supervisor immediately if the spill reached a gravity storm drainage system**C. SPILL OCCURRING TIME**

SSO Reported to (who received call):

SSO Reported by (who called):

Phone:

Estimated spill start date and time:

Date and time spill reported to sewer crew:

Date and time sewer crew arrived:

Estimated spill end date and time:

Weather conditions prior 72 hours: Sunny Weather Cloudy Weather Measurable Rain Rain for Several Days**D. CAUSE OF SPILL – PLEASE CHECK “PRIMARY” CAUSE OF SSO**SSO cause (*check "Primary" cause*): Debris/Blockage Flow exceeded capacity Grease Operator error Roots
 Pipe problem/failure Pump station failure Rainfall exceeded design Vandalism Inflow/infiltration
 Animal carcass Electrical power failure Bypass Debris from laterals Construction Debris
 Other (specify):If SSO is caused by a private service lateral, please specify: This is the owner tenant manager

Property contact:

Contact telephone:

If SSO is caused by wet weather, choose size of storm: 1-yr 2-yr 5-yr 10-yr 50-yr 100-yr >100-yr Unknown

Diameter (in inches) of pipe at point of blockage/spill cause (if applicable):

Sewer pipe material at point of blockage/spill cause (if applicable):

Description of terrain surrounding point of blockage/spill cause: Flat Mixed Steep**E. SPILL RESPONSE**Spill response activities (check all that apply): Cleaned up Contained all/portion of spill TV inspection Restored flow
 Returned all/portion of spill to sanitary sewer Other (specify):

Spill response completed (date & time):

Name of impacted waters (if applicable):

Visual inspection result of impacted waters (if applicable):

Any fish killed? Yes NoAny ongoing investigation? Yes No

Name of impacted beach (if applicable):

Were health warnings posted? Yes No

Health warning/beach closure posting/details:

Were samples of impacted waters collected? Yes NoIf YES, select the analyses: DO Ammonia Bacti Other

Spill Volume Estimated by:

Report Completed by:

Report Verified by:

SSO Packet: Sanitary Sewer Overflow Report

F. NOTIFICATION DETAILS

<p>CALEMA contacted date and time (if applicable):</p> <p>CALEMA Control Number (if applicable):</p> <p>Spoke to: _____ Report by: _____</p>	<p>Immediately contact one of the individuals on the list below and request that they notify CAL-EMA (800) 852-7550 within two hours of the time City staff become aware of:</p> <ul style="list-style-type: none"> • An SSO with an estimated volume < 1,000 gallons, AND • Discharged to surface waters or in a location where it will probably will be discharged to surface waters
--	---

PERSON	CELL PHONE	BUSINESS HOURS	AFTER HOURS
Regulatory Compliance Inspector (on call)	See Standby Roster	209.577.6200	209.577.6200
Regulatory Compliance Administrator	209.652.3334	209.577.6240	209.577.6200
Wastewater Collections Supervisor	209.652.9506	209.577.6234	209.577.6200
Wastewater Collections Supervisor	209.652.7425	209.577.6287	209.577.6200
Stormwater Collections Supervisor	209.652.9069	209.577.6239	209.577.6200
Wastewater Collections Manager	209.652.0326	209.577.6222	209.577.6200
Deputy Director	209.652.9847	209.577.6255	209.577-6200

Primary Reporting Summary
Refer to Side B for contact information, timeframes and reporting procedures

If the backup or SSO is:	Required action or contact:
<ul style="list-style-type: none"> • 50,000 gals or greater, and • Results in a discharge to surface water or • Discharged to a positive storm drain (not a rockwell or a detention basin) that was not fully recovered 	<ul style="list-style-type: none"> • California Emergency Management Agency (CalEMA) (800) 852-7550 Within 2 hours (made by Supervisor) • Submit draft report into CIWQS within three (3) business days • Certify CIWQS report within 15 days • Conduct water quality monitoring within 48 hours • Submit technical report within 45 days
<ul style="list-style-type: none"> • 1,000 gal or greater, and • Results in a discharge to surface water or • Discharged to a positive storm drain (not a rockwell or a detention basin) that was not fully recovered 	<ul style="list-style-type: none"> • California Emergency Management Agency (CalEMA) (800) 852-7550 Within 2 hours • Submit draft report into CIWQS within three (3) business days • Certify CIWQS report within 15 days
<ul style="list-style-type: none"> • LESS than 1000 gal, but • Reached surface water, or • Discharged to a positive storm drain (is not a rockwell or a detention basin) that was not fully recovered 	<ul style="list-style-type: none"> • Submit draft report into CIWQS within three (3) business days • Certify CIWQS report within 15 days
<ul style="list-style-type: none"> • 1,000 gals or greater, and • NOT discharged to surface water or is not fully recovered, or • Any discharge to rockwells and detention basins 	<ul style="list-style-type: none"> • Submit draft report into CIWQS within three (3) business days • Certify CIWQS report within 15 days
<ul style="list-style-type: none"> • LESS than 1,000 gals, AND • NOT discharged to surface water or fully recovered, or • Any discharge to rockwells and detention basins 	<ul style="list-style-type: none"> • Submit certified report into CIWQS within 30 calendar days of the end of the month in which SSO occurred
<ul style="list-style-type: none"> • Was caused by problems with a private service lateral 	<ul style="list-style-type: none"> • Optional reporting into CIWQS