

**SANITARY SEWER SYSTEMS GENERAL ORDER  
ORDER 2022-0103-DWQ**

**GUIDANCE FOR MONTHLY CERTIFICATION OF NON-CATEGORY 1  
ENROLLEE-OWNED/OPERATED LATERAL SPILLS  
IN THE  
CALIFORNIA INTEGRATED WATER QUALITY SYSTEM (CIWQS)**



**Last Revised: April 2024**

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## Reporting Enrollee-Owned/Operated Non-Category 1 Lateral Spills in the CIWQS Sanitary Sewer System Database

Per Attachment E1, Section 3.7. of [General Order 2022-0103-DWQ](#), if Enrollee-owned and/or operated lateral spills (that did not discharge to a surface water) occur during a calendar month, the Enrollee shall certify, within 30 calendar days after the end of the calendar month, a “Non-Category 1 Lateral Spills” certification statement in the online CIWQS Sanitary Sewer System Database (<https://ciwqs.waterboards.ca.gov>),.

Per Attachment E1, Section 4.4. of the Order, the Enrollee must maintain records of all non-Category 1 Enrollee-owned and/or operated lateral spills that are caused by a failure or blockage in the lateral. The enrollee must upload and certify a report into the CIWQS Sanitary Sewer System Database (<https://ciwqs.waterboards.ca.gov>) by February 1<sup>st</sup> after the end of calendar year in which the spills occurred (Attachment E1, Section 3.6).

It should be noted that a spill from an Enrollee-owned and/or operated lateral that does discharge to surface water would be considered a Category 1 Spill and should be reported as a Category 1 spill.

Attachment E2, Table E2-5 of the Order provides a summary of the notification, monitoring, and reporting requirements for Enrollee-owned and/or operated lateral spills that do not discharge to surface water. Below is a snapshot of Table E2-5 for your convenience.

**Table E2-5**  
**Enrollee Owned and/or Operated Lateral Spills That Do Not Discharge to Surface Waters**

Spill Requirements	Due	Method
Notification	<b>Within two (2) hours</b> of the Enrollee’s knowledge of a spill of 1,000 gallons or greater, from an enrollee-owned and/or operated lateral, discharging or threatening to discharge to waters of the State: Notify California Office of Emergency Services and obtain a notification control number. Not applicable to a spill of less than 1,000 gallons.	California Office of Emergency Services at: (800) 852-7550  (Section 1 of Attachment E1)
Monitoring	Conduct visual monitoring.	(Section 2 of Attachment E1)
Reporting	<ul style="list-style-type: none"> <li>Upload and certify a report, in an acceptable digital format, of all lateral spills (that do not discharge to a surface water) to the online CIWQS Sanitary Sewer System Database, by February 1<sup>st</sup> after the end of the calendar year in which the spills occur.</li> <li>Report a lateral spill of any volume that discharges to a surface water as a Category 1 spill.</li> </ul>	(Sections 3.6, 3.7 and 4.4 of Attachment E1)

*Figure 1 - Enrollee-Owned and/or Operated Lateral Spills That Do Not Discharge to Surface Waters*

In summary, the Order requires the following key points for Enrollee-owned/operated lateral spills that do not discharge to a surface water:

- 1- Certify a “Non-Category 1 Lateral Spills” statement in the online CIWQS Sanitary Sewer System Database if Enrollee-owned and/or operated lateral spills (that do not discharge to a surface water) occur during a calendar month;

Due within 30 calendar days after the end of that month.

- 2- Upload and certify a report of lateral spills (that do not discharge to a surface water) to the online CIWQS Sanitary Sewer System Database;

Due by February 1<sup>st</sup> after the end of the calendar year in which the spills occurred.



## **Monthly Certification of a Non-Category 1 Lateral Spill Statement**

Completion of the certification statement can be done as follows:

1. Log into the CIWQS website at:

<https://ciwqs.waterboards.ca.gov/>

2. Enter your user account credentials and click on the “Login” button.

**NOTE:** Sharing user account information amongst staff is prohibited. CIWQS may remove all reports certified by incorrect users.

3. Once logged into your personal CIWQS user account, click on the “Sanitary Sewer Systems” link under the Main Menu.

**NOTE:** If you represent more than one sanitary sewer system, from the dropdown menu, select the applicable sanitary sewer system. Click on the “Continue” button.

4. Click on the “Monthly Certification of ‘No-Spills’ or ‘Category 4 Spills’ and/or ‘Non-Category 1 Enrollee-owned Lateral Spills’” link.

- [Annual Report](#) ?  
A new Enrollee shall complete and submit its first certified Annual Report within 30 days of obtaining a CIWQS account; All subsequent Annual Reports are due by April 1 of each year.
- [Internal Audit Report Upload](#) ?  
The Legally Responsible Official shall submit an audit report into the online CIWQS Sanitary Sewer System Database per the requirements in section 3.10 of Attachment E1 of the General Order.
- [Sewer System Management Plan Upload](#) ?  
Plan updates are due within every six years after the last Plan update due date.  
**New Enrollees:** The Plan shall be uploaded and certified within 12 months of the Application for Enrollment approval date. This establishes the last Plan update due date.  
**Continuing Enrollees:** The last Plan update due date was established under the 2006 Order. All subsequent Plan updates are due within every six years after the last Plan update due date.
- [New Spill Report](#) ?  
Submit individual spill reports for Category 1, Category 2 and Category 3 spill events.
- [New Category 4 and Enrollee-owned/operated Lateral Spill Report](#) ?  
Submit spill reports for Category 4 and Enrollee-owned/operated lateral spill events.  
**NOTE:** Spills of any volume that discharge to a surface water are Category 1 spills, and must be reported using the "New Spill Report" link.
- [Privately-Owned Sewer Laterals and/or Private Systems Spill Report \(Voluntary\)](#) ?  
Voluntarily report spills from a private sewer lateral or private sanitary sewer system that is not owned/operated by the Enrollee.
- [Existing Spill Reports](#) ?  
View, update and/or amend a previously reported spill.
- [Monthly Certification of "No-Spills" or "Category 4 Spills" and/or "Non-Category 1 Enrollee-owned Lateral Spills"](#) ?  
Within 30 calendar days after the end of each calendar month, certify either (1) no spills occurred during a calendar month or (2) only Category 4, and/or Enrollee-owned and/or operated lateral spills (that do not discharge to a surface water) occurred during a calendar month.
- [View Spill Incident Map - Public Sewer Systems \(Not Site Specific\)](#) ?  
The data displayed in this map represents spill reports, for individual locations, where sewage was discharged from a sanitary sewer system enrolled under the Statewide Sanitary Sewer Systems General Order. It does not include Category 4 spills.

5. On the Certification” page, select the month and year for which the certification is being submitted. This is the month in which the spills occurred.

**Monthly Certification of “No-Spills”  
or  
Monthly Certification of “Category 4 Spills” and/or “Non-Category 1 Lateral Spills”**

Month/Year of Certification:

6. Check the box certifying that non-Category 1 Lateral Spills occurred from the system during the previous calendar month.

(Check the below box to certify)

**I CERTIFY THAT NON-CATEGORY 1 LATERAL SPILLS OCCURRED FROM THIS SYSTEM DURING THE PREVIOUS CALENDAR MONTH.**

I certify under penalty of perjury under the laws of the State of California that the electronically submitted information was prepared under my direction or supervision. Based on my inquiry of the person(s) directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete, and complies with the Statewide Sanitary Sewer Systems General Order. I am aware that there are significant penalties for submitting false information

7. Enter certifier name, certifier initials, and title. Click on the “Certify” button.

I CERTIFY THAT NON-CATEGORY 1 LATERAL SPILLS OCCURRED FROM THIS SYSTEM DURING THE PREVIOUS CALENDAR MONTH.

(Check the below box to certify) I certify under penalty of perjury under the laws of the State of California that the electronically submitted information was prepared under my direction or supervision. Based on my inquiry of the person(s) directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete, and complies with the Statewide Sanitary Sewer Systems General Order. I am aware that there are significant penalties for submitting false information.

**Certification**

Certifier Name:  Title:

Certifier Initial:  Certification Date:

[Previous Submissions](#)

8. After the certification, you will receive a message confirming successful completion along with a confirmation number.

**1** Certification that Non-Cat1 Lateral Spills have occurred for the month beginning 01/01/2018 has been completed. Your Certification Confirmation Number is 2660947

**Monthly Certification of “No-Spills”  
or  
Monthly Certification of “Category 4 Spills” and/or “Non-Category 1 Lateral Spills”**

9. You may view past submissions by clicking on “Previous Submissions” below the “Certify” button.

Previous Submissions: 1 2 3 (1 of 3) Display 20 per page

Confirmation Number	Month/Year	Certification Type	Category 4 Spills		Entered Date/Time	Certified UserID	Certified Name	General Order Number
			Total Number	Total Volume (Gallons)				

## **Annual Reporting of all Enrollee-Owned/Operated Lateral Spills**

There are two methods by which the Enrollee may report their annual owned or operated lateral spills (that do not discharge to a surface water) to the online CIWQS Sanitary Sewer System Database;

- 1 - Report the details of each individual Enrollee-owned/operated lateral spill individually using a report form.
- 2 - Upload the Enrollee-owned/operated Lateral Spill Report Reporting Spreadsheet containing multiple records of the respective spills using a spreadsheet <sup>t</sup>.


**NOTE:** The details of Enrollee-Owned/Operated Lateral Spills can be reported throughout the year or all at once. Regardless of which method is used, the Enrollee shall still:


- Certify monthly if Enrollee-Owned/Operated Lateral Spills occurred
- Certify the details of each spill by February 1<sup>st</sup> of the following year.


### **How to Report Individual Enrollee-Owned/Operated Lateral Spills**


- 1- Follow steps 1 to 3 above to log into the CIWQS Sanitary Sewer Systems database:


- 2- Click on the “New Category 4 and Enrollee-owned/operated Lateral Spill Report” link.

- [Annual Report](#) 

A new Enrollee shall complete and submit its first certified Annual Report within 30 days of obtaining a CIWQS account; All subsequent Annual Reports are due by April 1 of each year.
- [Internal Audit Report Upload](#) 

The Legally Responsible Official shall submit an audit report into the online CIWQS Sanitary Sewer System Database per the requirements in section 3.10 of Attachment E1 of the General Order.
- [Sewer System Management Plan Upload](#) 

Plan updates are due within every six years after the last Plan update due date.  
**New Enrollees:** The Plan shall be uploaded and certified within 12 months of the Application for Enrollment approval date. This establishes the last Plan update due date.  
**Continuing Enrollees:** The last Plan update due date was established under the 2006 Order. All subsequent Plan updates are due within every six years after the last Plan update due date.
- [New Spill Report](#) 

Submit individual spill reports for Category 1, Category 2 and Category 3 spill events.
- [New Category 4 and Enrollee-owned/operated Lateral Spill Report](#) 

Submit spill reports for Category 4 and Enrollee-owned/operated lateral spill events.  
**NOTE:** Spills of any volume that discharge to a surface water are Category 1 spills, and must be reported using the “New Spill Report” link.

- 3- Click on the “Report an Individual Spill” link:

Select the method for reporting either Category 4 spills or Enrollee-Owned/Operated Lateral spills. These spills needs to be reported by February 1, of the year following the calendar year within which they occurred.  
**Note:** Reporting is not required if the Sanitary Sewer System did not have any Category 4 or Enrollee Owned/Operated spills during the reporting year.

- [Report an Individual Spill](#)
- [Upload Multiple Spills](#)

**NOTE:** Annual reporting is not required if the Sanitary Sewer System did not have any Enrollee Owned/Operated lateral spills during the reporting year.

- 4- You will be directed to the “Certified Spill Reporting for Individual Category 4 and/or Enrollee-Owned/Operated Lateral Spill” screen. Enter the required information.

Certified Spill Reporting for Individual Category 4 and/or Enrollee-Owned/Operated Lateral Spill	
Annual reporting is due by February 1st after the end of the calendar year in which the spill occurred.	
<input type="button" value="Save Work in Progress"/> <input type="button" value="Ready to Certify"/>	
<b>Please Note:</b> <ul style="list-style-type: none"> <li>Use this module to report Category 4 and Enrollee-owned/operated Non-Category 1 Lateral spills individually throughout the year or annually.</li> <li>If you have entered all required information and have the report ready to certify, please click on the "Ready to Certify".</li> <li>Reports cannot be certified unless the "Ready to Certify" button is clicked first.</li> </ul>	
*1. Choose Spill Type:	<input type="text"/>
*2. Did the spill result in a discharge to a surface water, including a surface water body that contains no flow or volume of water?:	<input type="text" value="Select"/>
3. Did the spill reach a drainage conveyance system?:	<input type="text" value="Select"/>
3.a. Did the spill result in a discharge to a drainage conveyance system that discharges to surface waters?:	<input type="text" value="Select"/>
3.b. Description of the drainage conveyance system transporting the spill and photographs of the drainage conveyance system entry location(s): Submit photographs under the Attachments tab <small>(Required if answer for question 3 is "Yes")</small>	<input type="text"/> <small>(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</small> <small>1000 characters remaining</small>
3.c. Estimated spill volume fully recovered from the drainage conveyance system: <small>(Required if answer for question 3 is "Yes")</small>	<input type="text"/> Gallons
3.d. Estimated spill volume remaining within the drainage conveyance system: <small>(Required if answer for question 3 is "Yes")</small>	<input type="text"/> Gallons
*4. Name of Enrollee contact person to respond to spill-specific questions:	<input type="text"/>

**NOTE:** Once questions 1, 5, 6a, 6b, 16, and 16.b are completed, you can save your work in progress by clicking on the “Save Work in Progress” button. A green banner stating “Changes saved successfully” will appear below the report tabs when the minimum required fields have been completed and you can navigate away from the tab with your work saved.

**Step by Step Guidance for  
Reporting Individual Enrollee-Owned/Operated Lateral Spills**

The below information explains each question on the certified spill reporting for individual Enrollee-owned/operated lateral spills.

**1. Choose Spill Type:**

From the drop-down menu, select “Enrollee-Owned/Operated Lateral Spill”.

*1. Choose Spill Type:	Enrollee-Owned/Operated Lateral Spill
*2. Did the spill result in a discharge to a surface water, including a surface water body that contains no flow or volume of water?:	Category 4 Spill Enrollee-Owned/Operated Lateral Spill
3. Did the spill reach a drainage conveyance system?:	

**2. Did the spill result in a discharge to a surface water, including a surface water body that contains no flow or volume of water?**

Use the drop-down menu to select whether the spill resulted in a discharge to surface water.

*2. Did the spill result in a discharge to a surface water, including a surface water body that contains no flow or volume of water?:	Select
3. Did the spill reach a drainage conveyance system?:	Select
3.a. Did the spill result in a discharge to a drainage conveyance system that discharges to surface waters?:	Yes No

**NOTE:** If “Yes” is selected, you will receive an error message indicating that the spill must be reported as a Category 1 spill.

**3. Did the spill reach a drainage conveyance system?**

Use the drop-down menu to select whether the spill reached a drainage conveyance system.

3. Did the spill reach a drainage conveyance system?:	Select
3.a. Did the spill result in a discharge to a drainage conveyance system that discharges to surface waters?:	Select
3.b. Description of the drainage conveyance system transporting the spill and photographs of the drainage conveyance system entry location(s):	Yes No

**NOTE:** If “Yes” is selected, then questions 3b, 3c, and 3d. must also be filled out. If “No” was selected, complete question 3a and continue to question 4.

**3.a. Did the spill result in a discharge to a drainage conveyance system that discharges to a surface water?**

Use the drop-down menu to select whether the spill resulted in a discharge to a drainage conveyance system which discharges to surface waters.

<p>3.a. Did the spill result in a discharge to a drainage conveyance system that discharges to surface waters?:</p>	<p>Select ▼</p>
<p>3.b. Description of the drainage conveyance system transporting the spill and photographs of the drainage conveyance system entry location(s):</p> <p>Submit photographs under the Attachments tab</p> <p><small>(Required if answer for question 3 is 'Yes')</small></p>	<p>Select</p> <p>Yes</p> <p>No</p> <p>(Attach document)</p>

**NOTE:** If you selected “Yes”, continue to respond to questions 3b, 3c and 3d.

**3.b. Description of the drainage conveyance system transporting the spill and photographs of the drainage conveyance system entry location(s):**

**Submit photographs under the Attachments tab.**

Describe the drainage conveyance system and attach photographs of the drainage conveyance system entry locations.

<p>3.b. Description of the drainage conveyance system transporting the spill and photographs of the drainage conveyance system entry location(s):</p> <p>Submit photographs under the Attachments tab</p> <p><small>(Required if answer for question 3 is 'Yes')</small></p>	<div style="border: 1px solid gray; height: 30px; width: 100%;"></div> <p style="text-align: right; color: red; font-size: small;">1000 characters remaining.</p> <p style="text-align: right; font-size: x-small;">(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
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**3.c. Estimated spill volume fully recovered from the drainage conveyance system:**

Provide a number value as a whole number for the estimated spill volume fully recovered from the drainage conveyance system.

<p>3.c. Estimated spill volume fully recovered from the drainage conveyance system:</p> <p><small>(Required if answer for question 3 is 'Yes')</small></p>	<div style="border: 1px solid gray; width: 100px; height: 25px;"></div> Gallons
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**3.d. Estimated spill volume remaining within the drainage conveyance system:**

Provide a number value as a whole number for the estimated spill volume remaining within the drainage conveyance system.

<p>3.d. Estimated spill volume remaining within the drainage conveyance system:</p> <p><small>(Required if answer for question 3 is 'Yes')</small></p>	<div style="border: 1px solid gray; width: 100px; height: 25px;"></div> Gallons
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**NOTE:** If any spill volume remains within the drainage conveyance system, you will receive an error message indicating that the spill must be reported as a Category 1 spill.



**4. Name of Enrollee contact person to respond to spill-specific questions:**

Provide the Enrollee’s contact person’s name.

\*4. Name of Enrollee contact person to respond to spill-specific questions:

**4.a. Telephone number of Enrollee contact person to respond to spill-specific questions:**

Provide the telephone number of the Enrollee’s contact person who will be able to answer questions, if necessary. Enter only numbers; the system will display the entry in (XXX) XXX-XXXX format.

\*4.a. Telephone number of Enrollee contact person to respond to spill-specific questions:

**5. Spill Location Name:**

Provide the name of the spill location.

\*5. Spill Location Name:

**6. Description of the system location where the spill originated (if the spill has more than one appearance point, include additional latitude and longitude coordinates in the response to this question):**

Describe the system location where the spill originated.

\*6. Description of the system location where the spill originated (if the spill has more than one appearance point, include additional latitude and longitude coordinates in the response to this question):  1000 characters remaining.  
 (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)

**6a. Latitude:**


This field is to enter the latitude of the location where spill originated. If you do not know the latitude, use the “[Show Map]” button next to the field. You may enter the address on top of the map and click on the “Go” button. Or, you may zoom in on the map to drop a pin on the spill location. Click on the “Set Coordinates” button. Make sure the units are in decimal degrees.

*6.a. Latitude:	<input type="text"/> decimal degrees <input type="button" value="[Show Map]"/>	
*6.b. Longitude:	<input type="text"/> decimal degrees <input type="button" value="[Show Map]"/>	
*7. Date and time the Enrollee was notified of, or self-discovered, the spill:	<input type="text"/>	
*8. Estimated total spill volume exiting the system:	<input type="text"/> Gallons	
*9. Estimated spill start date and time:	<input type="text"/>	
*10. Spill end date and time:	<input type="text"/>	
11. Spill cause(s):	<input type="checkbox"/> Air Relief Valve (ARV)/ Blow-Off Valve (BOV) Failure <input type="checkbox"/> Collection System Maintenance Failure (specify below) <input type="checkbox"/> Construction Diversion Failure <input type="checkbox"/> Damage by Others Not Related to Collection System <input type="checkbox"/> Debris from Construction <input type="checkbox"/> Debris from Lateral <input type="checkbox"/> Debris-General <input type="checkbox"/> Debris-Rags <input type="checkbox"/> Debris-wires/Non-detectable	

**6b. Longitude:**

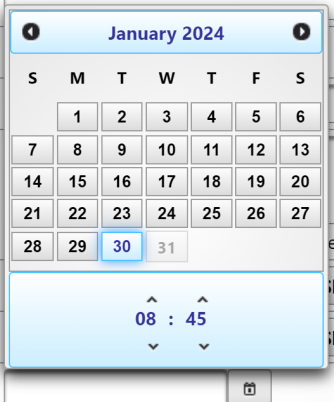
This field is to enter the longitude of the location where spill originated. If you do not know the longitude, use the “[Show Map]” button next to the field. You may enter the address on top of the map and click on the “Go” button. Or you may zoom in on the map to drop a pin on the spill location. Click on the “Set Coordinates” button. Make sure the units are in decimal degrees.

*6.a. Latitude:	<input type="text"/> decimal degrees	[Show Map]
*6.b. Longitude:	<input type="text"/> decimal degrees	[Show Map]
*7. Date and time the Enrollee was notified of, or self-discovered, the spill:	<input type="text"/>	
*8. Estimated total spill volume exiting the system:	<input type="text"/> Gallons	
*9. Estimated spill start date and time:	<input type="text"/>	
*10. Spill end date and time:	<input type="text"/>	
11. Spill cause(s):	<input type="checkbox"/> Air Relief Valve (ARV)/ Blow-Off Valve (BOV) Failure <input type="checkbox"/> Collection System Maintenance Failure (specify below) <input type="checkbox"/> Construction Diversion Failure <input type="checkbox"/> Damage by Others Not Related to Collection System <input type="checkbox"/> Debris from Construction <input type="checkbox"/> Debris from Lateral <input type="checkbox"/> Debris-General <input type="checkbox"/> Debris-Rags <input type="checkbox"/> Debris-wire/Non-flammable	

Map window - Microsoft Edge  
 https://stagingapps.waterboards.ca.gov/ciwqslatitudeLongitudeToolSSS.jsp?l=CA  
 To find the coordinates for a particular location, click on the map or enter a street address:  
 CA  
 Go!  
 \*Example: "123 Main Street, Sacramento, CA"  
 Latitude:  Longitude:  \*Longitudes should always be negative. [Set Coordinates]  
 Map Satellite  


**7. Date and time the Enrollee was notified of, or self-discovered, the spill:**

Use the calendar icon to select the date and time or manually enter the date and time when your agency was notified of or discovered the spill. Make sure the time is entered in a 24-hour clock format and the date in the MM/DD/YY format. The date and time must be the same or later than the estimated spill start date and time (Question 9).

*4. Name of Enrollee contact person to respond to spill-specific questions:	
*4.a. Telephone number of Enrollee contact person to respond to spill-specific questions:	
*5. Spill Location Name:	
*6. Description of the system location where the spill originated (if the spill has more than one appearance point, include additional latitude and longitude coordinates in the response to this question):	
*6.a. Latitude:	
*6.b. Longitude:	
*7. Date and time the Enrollee was notified of, or self-discovered, the spill:	

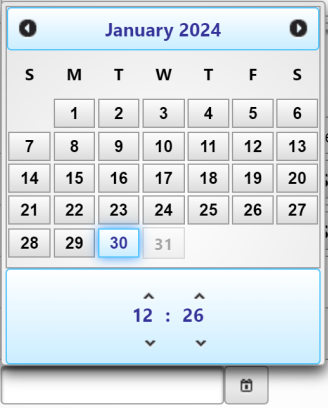
**8. Estimated total spill volume exiting the system:**

Enter the estimated total spill volume exiting the system in gallons and as a whole number.

*8. Estimated total spill volume exiting the system:	<input type="text"/> Gallons
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## 9. Estimated spill start date and time:

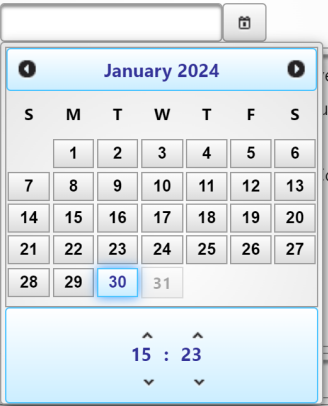
Use the calendar icon to select the date and time or manually enter the estimated spill start date in the MM/DD/YY format and time in a 24-hour clock format. The date and time must be earlier than the estimated spill end date and time.

*5. Spill Location Name:	
*6. Description of the system location where the spill originated (if the spill has more than one appearance point, include additional latitude and longitude coordinates in the response to this question):	
*6.a. Latitude:	
*6.b. Longitude:	
*7. Date and time the Enrollee was notified of, or self-discovered, the spill:	
*8. Estimated total spill volume exiting the system:	
*9. Estimated spill start date and time:	

## 10. Spill end date and time:

Use the calendar icon to select the date and time or manually enter the estimated spill end date in the MM/DD/YY format and time in a 24-hour clock format. The date and time must be later than the estimated spill start date and time (Question 9).

*10. Spill end date and time:	
11. Spill cause(s):	
11.a. If other, describe:	



## 11. Spill cause(s):

Select the appropriate spill cause(s) from the drop-down menu. If your selection was “Other (specify below)”, you are required to enter a description of the spill causes in question 11a.

<p>11. Spill cause(s):</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Air Relief Valve (ARV)/ Blow-Off Valve (BOV) Failure</li> <li><input type="checkbox"/> Collection System Maintenance Failure (specify below)</li> <li><input type="checkbox"/> Construction Diversion Failure</li> <li><input type="checkbox"/> Damage by Others Not Related to Collection System Construction/Maintenance</li> <li><input type="checkbox"/> Debris from Construction</li> <li><input type="checkbox"/> Debris from Lateral</li> <li><input type="checkbox"/> Debris-General</li> <li><input type="checkbox"/> Debris-Rags</li> <li><input type="checkbox"/> Fabric Liner/Non-dielectric</li> </ul>
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**11.a. If other, describe:**

Use the following space to describe the spill cause(s) if you picked “Other (specify below)” in question 11.

<p>11.a. If other, describe:</p>	
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**12. System failure location (for example, main, pump station, etc.):**

Select the appropriate system failure location(s) from the drop-down menu. If your selection was “Other (specify below)”, you are required to enter a description of the system failure location in question 12a.

<p>12. System failure location (for example, main, pump station, etc.):</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Air Relief Valve (ARV)/ Blow-Off Valve (BOV)</li> <li><input type="checkbox"/> Force Main</li> <li><input type="checkbox"/> Gravity Mainline</li> <li><input type="checkbox"/> Lower Lateral</li> <li><input type="checkbox"/> Manhole</li> <li><input type="checkbox"/> Other (specify below)</li> <li><input type="checkbox"/> Pump Station - Controls</li> <li><input type="checkbox"/> Pump Station - Mechanical</li> <li><input type="checkbox"/> Pump Station - Power</li> </ul>
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**12.a. If other, describe:**

Use the following space to describe the system failure location(s) if you picked “Other (specify below)” in question 12.

<p>12.a. If other, describe:</p>	
----------------------------------	--

**13. Spill response activities:**

Select the appropriate spill response activity(ies) from the drop-down menu. If your selection was “Other (specify below)”, you are required to enter a description of the spill response activity(ies) in question 13a.

<p>13. Spill response activities:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cleaned Up (specify below)</li> <li><input type="checkbox"/> Contained All or Portion of Spill</li> <li><input type="checkbox"/> Mitigated Effects of Spill (specify below)</li> <li><input type="checkbox"/> Other (specify below)</li> <li><input type="checkbox"/> Other Enforcement Agency Notified</li> <li><input type="checkbox"/> Property Owner Notified</li> <li><input type="checkbox"/> Restored Flow</li> <li><input type="checkbox"/> Returned All Spill to Sanitary Sewer System</li> <li><input type="checkbox"/> Returned Portion of Spill to Sanitary Sewer System</li> </ul>
---------------------------------------	---

**13.a. If other, describe:**

Use the following space to describe the spill response activity(ies) if you picked "Other (specify below)" in question 13.

13.a. If other, describe:

**13.b. Description of spill response activities including description of immediate spill containment and cleanup efforts:**

Use the following text box to describe spill response activities and provide a description of immediate spill containment and cleanup efforts.

13.b. Description of spill response activities including description of immediate spill containment and cleanup efforts:

1000 characters remaining.

(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)

**14. Description of how the spill volume estimations were calculated, including at a minimum:**

**The methodology, assumptions and type of data relied upon, such as supervisory control and data acquisition (SCADA) records, flow monitoring or other telemetry information, used to estimate the volume of the spill discharged, and the volume of the spill recovered (if any volume of the spill was recovered):**

Describe how the spill volume estimates were calculated. Include the methodology, assumptions, type of data, flow monitoring, and other available information.

14. Description of how the spill volume estimations were calculated, including at a minimum:

The methodology, assumptions and type of data relied upon, such as supervisory control and data acquisition (SCADA) records, flow monitoring or other telemetry information, used to estimate the volume of the spill discharged, and the volume of the spill recovered (if any volume of the spill was recovered):

1000 characters remaining.

(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)

**14.a. Description of the methodology(ies), assumptions and type of data relied upon for estimations of the spill start time and the spill end time:**

Use the following text box to describe methodologies, assumptions, and type of data used for estimating the spill start and end time.

14.a. Description of the methodology(ies), assumptions and type of data relied upon for estimations of the spill start time and the spill end time:

1000 characters remaining.

(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)

**15. Description of system operation, maintenance and program modifications implemented to prevent repeated spill occurrences at the same spill location: Submit documentation verifying immediately implemented system modifications and operating/maintenance modifications under the "Attachments."**

Use the following text box to describe operations, maintenance, and program modifications implemented to prevent repeated spill occurrences at the same spill location. Submit documentation under the Attachments tab.

<p>15. Description of system operation, maintenance and program modifications implemented to prevent repeated spill occurrences at the same spill location: Submit documentation verifying immediately implemented system modifications and operating/maintenance modifications under the "Attachments"</p>	<div style="border: 1px solid gray; height: 30px; width: 100%;"></div> <p style="text-align: right; color: red; font-size: small;">1000 characters remaining.</p> <p style="text-align: center; font-size: x-small;">(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
---	--

**16. Spill corrective action:**

Use the drop-down menu to report spill corrective action(s). If your selection was "Other (specify below)", you are required to enter a description of the spill corrective action in question 16a.

<p>*16. Spill corrective action: <i>Required when reporting an Enrollee-owned/operated Lateral spill</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Added Sewer to Preventive Maintenance Program</li> <li><input type="checkbox"/> Adjusted Schedule/Method of Preventive Maintenance</li> <li><input type="checkbox"/> Enforcement action against Fats, Oil, and Grease (FOG) source</li> <li><input type="checkbox"/> Inspected Sewer Using CCTV to Determine Cause</li> <li><input type="checkbox"/> Other (specify below)</li> <li><input type="checkbox"/> Plan Rehabilitation or Replacement of Sewer</li> <li><input type="checkbox"/> Repaired Facilities or Replaced Defect</li> </ul>
--	--

**NOTE:** Question 16 is specifically required when reporting an Enrollee-owned/operated lateral spill.

**16.a. If other, describe:**

Use the following space to describe the spill corrective activities if you picked "Other (specify below)" in question 16.

<p>16.a. If other, describe:</p>	<div style="border: 1px solid gray; height: 20px; width: 100%;"></div>
----------------------------------	--

**16.b. Local regulatory enforcement action taken against an illicit discharge in response to this spill, as applicable:**

Use the following text box to describe local regulatory enforcement actions taken against an illicit discharge in response to this spill if applicable.

<p>16.b. Local regulatory enforcement action taken against an illicit discharge in response to this spill, as applicable:</p>	<div style="border: 1px solid gray; height: 30px; width: 100%;"></div> <p style="text-align: right; color: red; font-size: small;">1000 characters remaining.</p> <p style="text-align: center; font-size: x-small;">(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
---	--

Once all the required questions are answered, click on the "Save Work in Progress" button to save the report and should receive a confirmation message as shown below in green.

<p>Save Work in Progress</p>	<p>Submit Draft</p>
<p><b>Note:</b> Questions with "*" are required to be answered.</p>	

Changes Saved Successfully

**Certified Spill Reporting for Individual Category 4 and/or Enrollee-Owned/Operated Lateral Spill**  
Annual reporting is due by February 1st after the end of the calendar year in which the spill occurred.

## How to Attach Documents to a Saved Individual Enrollee-Owned/Operated Lateral Spill Report

1. Click on the “Attachments” tab to upload attachments.

Spill General Info **Attachments** Certification

File Name *	Document Type *	Document Date	File Description ** (Please provide a description and the reference number to the CIWQS data input screen)
Choose File   No file chosen			2000 characters remaining.

Upload File

File Name	Document Type *	Document Date	File Description	Date/Time Uploaded	Status	Delete
No records found.						

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2. To upload attachments to the saved report, click on “Choose File” to select the file to be uploaded. Next, select the type of file you are uploading from the “Document Type” drop down options. The “Document Date” is the date the document was created. Finally, enter a brief description of the file in the “File Description” text box.

File Name *	Document Type *	Document Date	File Description ** (Please provide a description and the reference number to the CIWQS data input screen)
Choose File   Photographs.docx	Photographs	01/30/2024	TEST 1996 characters remaining.

Upload File

3. Click on the “Upload File” button to upload the file to the spill report. You will know the file is uploaded when the file is displayed in the table below the “Upload File” button.

File Name *	Document Type *	Document Date	File Description ** (Please provide a description and the reference number to the CIWQS data input screen)
Choose File   No file chosen			2000 characters remaining.

Upload File

File Name	Document Type *	Document Date	File Description	Date/Time Uploaded	Status	Delete
Photographs.docx	Photographs	01/30/2024	TEST	01/30/2024 17:21:50	OK	Delete

4. Repeat the above steps, until all desired files are uploaded.

- Once all the spill report questions are properly answered and the necessary attachments are uploaded, and you are ready to certify the report, click on the “Spill General Info” tab to go back to the spill reporting screen. To prepare the report for certification, click on the “Ready to Certify” button. If all was done properly, you will receive a message stating, “Confirmation: Spill Report is now Ready for Certification.”

**Spill General Info** | Attachments | Certification

**Certified Spill Reporting for Individual Category 4 and/or Enrollee-Owned/Operated Lateral Spill**  
Annual reporting is due by February 1st after the end of the calendar year in which the spill occurred.

Save Work in Progress | **Ready to Certify**

Please Note:

- Use this module to report Category 4 and Enrollee-owned/operated Non-Category 1 Lateral spills individually throughout the year or annually.
- If you have entered all required information and have the report ready to certify, please click on the "Ready to Certify".
- Reports cannot be certified unless the "Ready to Certify" button is clicked first.

**Confirmation: Spill Report is now Ready for Certification.**

**Certified Spill Reporting for Individual Category 4 and/or Enrollee-Owned/Operated Lateral Spill**  
Annual reporting is due by February 1st after the end of the calendar year in which the spill occurred.

Save Work in Progress | Ready to Certify

## How to Certify an Individual Enrollee-Owned/Operated Lateral Spill Report

The Legally Responsible Official shall certify all Spill Reports to the online CIWQS Sanitary Sewer System Database.

- Click on the “Certification” tab.

**Spill General Info** | Attachments | **Certification**

**Certified Spill Reporting for Individual Category 4 and/or Enrollee-Owned/Operated Lateral Spill**  
Annual reporting is due by February 1st after the end of the calendar year in which the spill occurred

**Certification**

Please Note:

- In order to certify the report, please click on the "Certify" button after populating the certification section.

I certify under penalty of perjury under the laws of the State of California that the electronically submitted information was prepared under my direction or supervision. Based on my inquiry of the person(s) directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete, and complies with the Statewide Sanitary Sewer Systems General Order. I am aware that there are significant penalties for submitting false information.

Certifier Name: \*  Title: \*

Certifier Initials: \*  Certification Date: 01/30/2024

**Certify**

- Check the box certifying under penalty of perjury and that to the best of your knowledge the information submitted is accurate and complete. Enter certifier name, certifier initials, and title. Click on the “Certify” button.

**Certified Spill Reporting for Individual Category 4 and/or Enrollee-Owned/Operated Lateral Spill**  
Annual reporting is due by February 1st after the end of the calendar year in which the spill occurred

**Certification**

Please Note:

- In order to certify the report, please click on the "Certify" button after populating the certification section.

I certify under penalty of perjury under the laws of the State of California that the electronically submitted information was prepared under my direction or supervision. Based on my inquiry of the person(s) directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete, and complies with the Statewide Sanitary Sewer Systems General Order. I am aware that there are significant penalties for submitting false information.

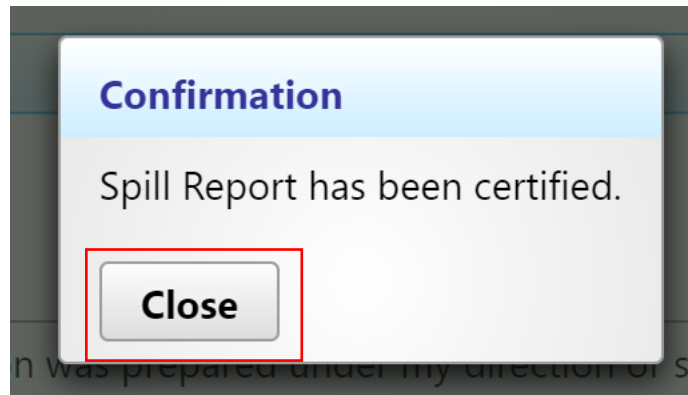
Certifier Name: \*  Title: \*

Certifier Initials: \*  Certification Date: 01/30/2024

**Certify**



- After clicking on the certify button, you will see the confirmation message “Spill Report has been certified”. Click on the “Close” button and this will take you back to the main menu.



### **How to Amend an Individual Enrollee-Owned/Operated Lateral Spill Report**

A certified Spill Report may be amended. To amend a Spill Report:

- Click on the “Existing Spill Reports” link in the main menu.

- [Annual Report](#) [?](#)

A new Enrollee shall complete and submit its first certified Annual Report within 30 days of obtaining a CIWQS account; All subsequent Annual Reports are due by April 1 of each year.

- [Internal Audit Report Upload](#) [?](#)

The Legally Responsible Official shall submit an audit report into the online CIWQS Sanitary Sewer System Database per the requirements in section 3.10 of Attachment E1 of the General Order.

- [Sewer System Management Plan Upload](#) [?](#)

Plan updates are due within every six years after the last Plan update due date.

**New Enrollees:** The Plan shall be uploaded and certified within 12 months of the Application for Enrollment approval date. This establishes the last Plan update due date.

**Continuing Enrollees:** The last Plan update due date was established under the 2006 Order. All subsequent Plan updates are due within every six years after the last Plan update due date.

- [New Spill Report](#) [?](#)

Submit individual spill reports for Category 1, Category 2 and Category 3 spill events.

- [New Category 4 and Enrollee-owned/operated Lateral Spill Report](#) [?](#)

Submit spill reports for Category 4 and Enrollee-owned/operated lateral spill events.

**NOTE:** Spills of any volume that discharge to a surface water are Category 1 spills, and must be reported using the "New Spill Report" link.

- [Privately-Owned Sewer Laterals and/or Private Systems Spill Report \(Voluntary\)](#) [?](#)

Voluntarily report spills from a private sewer lateral or private sanitary sewer system that is not owned/operated by the Enrollee.

- [Existing Spill Reports](#) [?](#)

View, update and/or amend a previously reported spill.

- [Monthly Certification of "No-Spills" or "Category 4 Spills" and/or "Non-Category 1 Enrollee-owned Lateral Spills"](#) [?](#)

Within 30 calendar days after the end of each calendar month, certify either (1) no spills occurred during a calendar month or (2) only Category 4, and/or Enrollee-owned and/or operated lateral spills (that do not discharge to a surface water) occurred during a calendar month.

- [View Spill Incident Map - Public Sewer Systems \(Not Site Specific\)](#) [?](#)

The data displayed in this map represents spill reports, for individual locations, where sewage was discharged from a sanitary sewer system enrolled under the Statewide Sanitary Sewer Systems General Order. It does not include Category 4 spills.

2. Enter appropriate search criteria to search for the spill record that needs to be amended and click the “Search” button. When search results are returned, Click on the Spill Id corresponding to the record that needs to be amended.

Spill Id	Status	Version	Region	Type	Category
892479	Certified	1.1	5	SSS	Enrollee-Owned/Operated Lateral Spill

**NOTE:** A Spill Id is provided upon saving a spill report.

3. On the Certification tab, click on the “Amend Report” button.

**Certified Spill Reporting for Individual Category 4 and/or Enrollee-Owned/Operated Lateral Spill**  
Annual reporting is due by February 1st after the end of the calendar year in which the spill occurred

[Amend Report](#)

Certification

**Please Note:**

- In order to certify the report, please click on the “Certify” button after populating the certification section.

4. After clicking on the “Amend Report” button, the Legally Responsible Official will receive the following message as shown below. The message alerts the Legally Responsible Official that that an amended version of the report is saved to track history (the spill ID will be the same, but with a different version).

Spill General Info | Attachments | **Certification**

**Report has been Amended. An Amended version of the report is saved to track history.**

**Certified Spill Reporting for Individual Category 4 and/or Enrollee-Owned/Operated Lateral Spill**  
Annual reporting is due by February 1st after the end of the calendar year in which the spill occurred

Certification

**Please Note:**

- In order to certify the report, please click on the “Certify” button after populating the certification section.

I certify under penalty of perjury under the laws of the State of California that the electronically submitted information was prepared under my direction or supervision. Based on my inquiry of the person(s) directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete, and complies with the Statewide Sanitary Sewer Systems General Order. I am aware that there are significant penalties for submitting false information.

Certifier Name:  Title:

Certifier Initials:  Certification Date: 01/30/2024

[Certify](#)

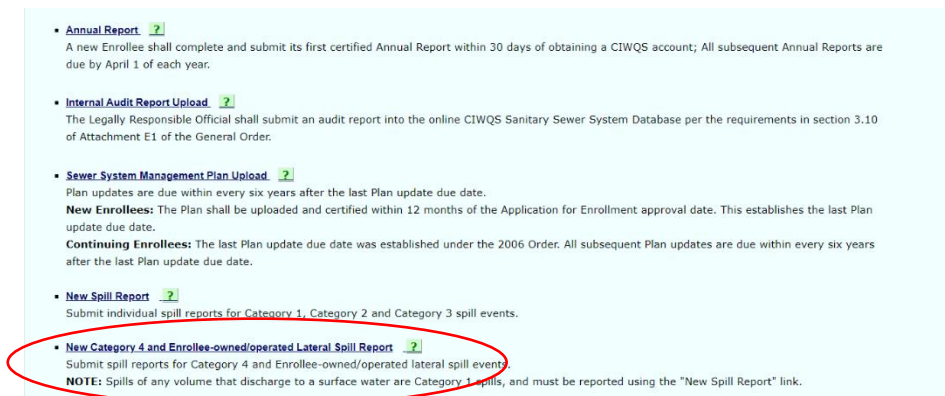
5. Click on the “Back to Sanitary Sewer System Menu” and once in the System Menu screen, use the Existing Spill Reports menu option to get a list of existing reports and click on the newly created duplicate Report Id with status “Work in Progress” which would be the spill report that needs to be amended.

Spill Id	Status	Version	Region	Type	Category
892479	Work In Progress	2.0	5	SSS	Enrollee-Owned/Operated Lateral Spill
892479	Amended	1.1	5	SSS	Enrollee-Owned/Operated Lateral Spill

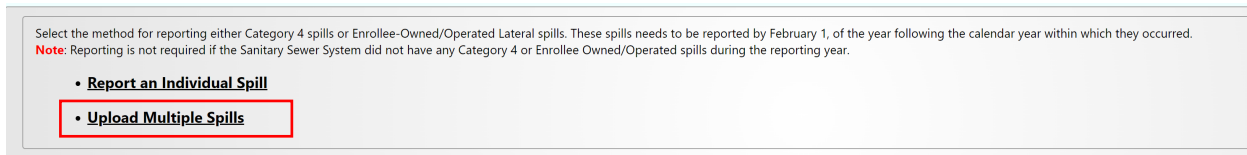
- Follow previous steps under “Step by Step Guidance for Reporting Individual Enrollee-Owned/Operated Lateral Spills” as well as “How to Attach Documents and Save an Individual Enrollee-Owned/Operated Lateral Spill Report.” Afterwards, use the “How to Certify an Individual Enrollee-Owned/Operated Lateral Spill Report” section to recertify the amended report.

**Step by Step Guidance for Completing Multiple Enrollee-Owned/Operated Lateral Spill Spreadsheets**

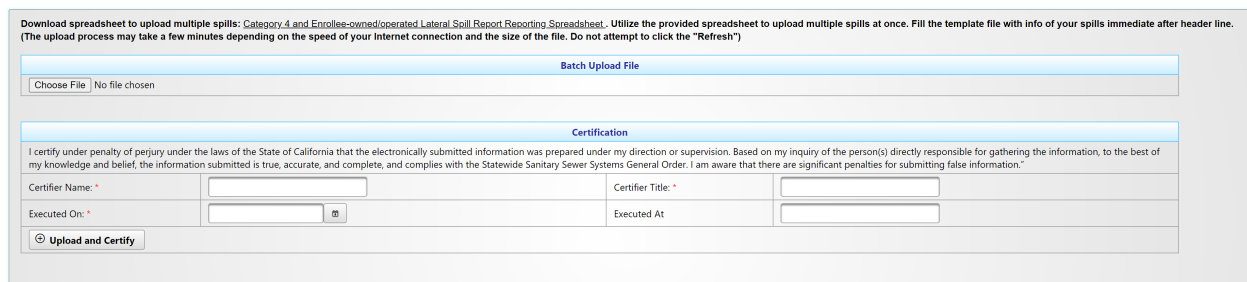
- Click on the “New Category 4 and Enrollee-owned/operated Lateral Spill Report” link.



- Click on the “Upload Multiple Spills” link.



- You will be directed to the Batch Upload Page.



- For batch upload of all Enrollee-owned/operated lateral spills, click on the “Category 4 and Enrollee-owned/operated Lateral Spill Report Reporting Spreadsheet” link to download the spreadsheet template to be completed with the details of the Category 4 spills being reported.

Download spreadsheet to upload multiple spills: [Category 4 and Enrollee-owned/operated Lateral Spill Report Reporting Spreadsheet](#). Utilize the provided spreadsheet to upload multiple spills at once. Fill the template file with info of your spills immediate after header line. (The upload process may take a few minutes **depending on the speed of your internet connection and the size of the file. Do not attempt** to click the "Refresh")

Batch Upload File

Choose File | No file chosen

5. Enter the required detailed information about the Enrollee-owned/operated lateral spills that occurred during the reporting year into the spreadsheet. Please make sure to use the items from the drop-down list and if some information does not apply make sure to leave it blank.

	A	B	C	D	E	F	G	H	I	J	K
	Choose Spill Type	Did The Spill Result In A Discharge To A Surface Water Including A Surface Water Body That Contains No Flow Or Volume Of Water (Yes/No)	Did The Spill Reach A Drainage Conveyance System (Yes/No)	Did The Spill Result In A Discharge To A Drainage Conveyance System That Discharges To Surface Waters (Yes/No)	Description Of Drainage Conveyance System Location	Estimated Spill Volume Fully Recovered	Estimated Spill Volume Remaining Within Conveyance	Name Of Enrollee Contact Person	Telephone Number Of Enrollee Contact Person	Spill Location Name	Description Of The System Location Where The Spill Originated
1		Yes or No (Drop Down)	Yes or No (Drop Down)	Yes or No (Drop Down)	TEXT BOX	NUMERIC BOX	NUMERIC BOX	TEXT BOX	NUMERIC BOX (XXX)-XXX-XXXX	TEXT BOX	TEXT BOX
2											
3											

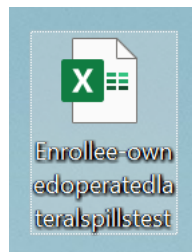
**NOTE:** Utilize the provided spreadsheet to report multiple spills at once. Use one spill per row. Use as many rows as needed per spill to effectively communicate each spill’s detailed information.

**NOTE:** Check the data type in each cell. For example, make sure your entry under the volume column is a numeric value, and as specified in whole numbers.

**NOTE:** Reference the “Step by Step Guidance for Reporting Individual Enrollee-Owned/Operated Lateral Spills” section of this document for elaboration of the spreadsheet questions.

### How to Upload and Certify Multiple Enrollee-Owned/Operated Lateral Spill Spreadsheets

1. Once the spreadsheet has been filled out, save the spreadsheet to your computer.



2. After completing the spreadsheet, click on the “Choose File” button to upload the file.

Download spreadsheet to upload multiple spills: Category 4 and Enrollee-owned/operated Lateral Spill Report Reporting Spreadsheet. Utilize the provided spreadsheet to upload multiple spills at once. Fill the template file with info of your spills immediate after header line. (The upload process may take a few minutes depending on the speed of your internet connection and the size of the file. Do not attempt to click the "Refresh")

Batch Upload File

Choose File | Enrollee-ow...pilltest.xlsx

- By completing the fields provided and clicking the "Upload and Certify" button, you are certifying under penalty of perjury that information you have provided is true and accurate to the best of your knowledge. Enter certifier name, certifier initials, and title. Click on the "Upload and Certify" button.

Certification

I certify under penalty of perjury under the laws of the State of California that the electronically submitted information was prepared under my direction or supervision. Based on my inquiry of the person(s) directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete, and complies with the Statewide Sanitary Sewer Systems General Order. I am aware that there are significant penalties for submitting false information.

Certifier Name: \*

Certifier Title: \*

Executed On: \*

Executed At

- After clicking on the "Upload and Certify" button, the following message should appear: "The data file has been processed successfully".

**NOTE:** If required fields are missing from the file or entries are not provided in the correct format or using the drop-down values provided, error messages will display below the certification fields. If this occurs, go back to the Excel file, make corrections, save, and then upload it again.

Download spreadsheet to upload multiple spills: Category 4 and Enrollee-owned/operated Lateral Spill Report Reporting Spreadsheet. Utilize the provided spreadsheet to upload multiple spills at once. Fill the template file with info of your spills immediate after header line. (The upload process may take a few minutes depending on the speed of your internet connection and the size of the file. Do not attempt to click the "Refresh")

Batch Upload File

Choose File | No file chosen

Certification

I certify under penalty of perjury under the laws of the State of California that the electronically submitted information was prepared under my direction or supervision. Based on my inquiry of the person(s) directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete, and complies with the Statewide Sanitary Sewer Systems General Order. I am aware that there are significant penalties for submitting false information.

Certifier Name: \*

Certifier Title: \*

Executed On: \*

Executed At

You have completed the reporting of Non-Category 1 Enrollee-owned/operated lateral spills. Click on the "Close" button to go back to the main menu.