

**CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD –
SANITARY SEWER OVERFLOW 24-HOUR NOTIFICATION REPORT FORM
FOR CATEGORY 1 SPILLS IN THE SAN DIEGO REGION
ORDER No. R9-2007-0005**

If CIWQS is not working , the 3-day draft report may be faxed in using this form. Please provide the following information, if available.

RWQCB STAFF CONTACT _____

DATE OF NOTIFICATION ___ / ___ / ___

TIME OF NOTIFICATION __ __ : __ __ AM / PM

REPORTED BY _____ PHONE: (_____) _____

REPORTING AGENCY: _____

AGENCY ADDRESS: _____

RESPONSIBLE PARTY (if not the Reporting Agency): _____

PUBLIC SPILL PRIVATE SPILL

ESTIMATED TOTAL SSO VOLUME (GALLONS): _____

ESTIMATED RECOVERED VOLUME (GALLONS): _____

LOCATION OF SSO: _____ START DAY/TIME: _____

_____ CONTAINED ON-GOING

CITY: _____ END DAY/TIME: _____

ZIP: _____

WATERS OF STATE IMPACTED? YES NO

STORM DRAIN: _____

PRIMARY SURFACE WATER: _____

SECONDARY SURFACE WATER: _____

OTHER IMPACTED WATER: _____

BEACH CLOSURE? YES NO LOCATION: _____

LOCAL HEALTH AGENCY NOTIFIED IMMEDIATELY? YES NO DATE/TIME _____

OFFICE OF EMERGENCY SERVICES NOTIFIED? YES NO DATE/TIME _____

OES CONTROL # _____

CAUSE / COMMENTS / OTHER DETAILS:

