

REPORTED BY

Call Address: On Service Request _____ (SR # _____)

Caller Name: _____ Phone: _____

Receipt of Call: Date: ____/____/____ Time: ____:____:____ AM PM Call Received By: _____

Call Dispatch: ____/____/____ Time: ____:____:____ AM PM Assigned To: _____

USD Arrival Time: Date: ____/____/____ Time: ____:____:____ AM PM

SPILL START TIME NOTES

Caller Interview: Where did you see sewage spill from? From: Manhole Inside Building C/O Wet well/Lift station Other _____

Time Caller noticed spill: ____:____:____ AM PM Date: ____/____/____

Comments:

Last time Caller observed NO Spill occurring: ____:____:____ AM PM Date: ____/____/____

Comments:

Other Efforts to Determine Start Time: _____

Other Comments regarding spill start time:

Estimated SSO Start Time ____:____:____ AM PM Date: ____/____/____

SSO End Time ____:____:____ AM PM Date: ____/____/____



SPILL LOCATION

Observed: Spill from: Manhole ID _____ Lift Station ID _____

Clean Out Address _____

Comments: _____

Building Address _____

Comments: _____

Spill Destination: Building Paved Surface Storm Sys Curb/Gutter Unpaved Surface Water

Answer these questions:

#1 - Was there a discharge to surface water or a drainage channel that is tributary to surface water? _____ Yes _____ No

#2 - Was there a discharge to a storm drain pipe that was "NOT" fully captured & returned to the sanitary sewer system? _____ Yes _____ No

If the answer is "yes" to either of the questions above, the SSO is a Category 1.
If the Category 1 is ≥ 1,000 gallons, you must call CAL-OES within 2 hours.

If you answered no to both questions above, was it ≥ 1,000 gallons? _____ Yes _____ No
If yes, the SSO is a Category 2. If NO, the SSO is a Category 3.

SPILL VOLUME WORKSHEET



The purpose of this worksheet is to capture the data and method(s) used in estimating the volume of an SSO. Since there are many variables and often unknown values involved, this calculation is just an estimate. Additionally, it is useful to use more than one method, if possible, to validate your estimate.

The following methods and tools are the approved methods in the SOP CS-103 SSO Response. Check all methods and tools that you used:

- Eyeball Estimate Method
- Measured Volume Method
- Duration and Flow Rate Method (Account for diurnal flow pattern for long duration)
- USD SSO Flow Rate Estimating Tool
- Other (explain) i.e.; estimated daily use per capita upstream or meter @ Pump Station.

Eyeball Estimate Method- Imagine a bucket(s) or barrel(s) of water tipped over.

Size of bucket(s) or barrel(s)	How many of this Size?	Multiplier	Total Volume Estimated
1 gal. water jug		X 1	
5 gal. bucket		X 5	
32 gal. trash can		X 32	
55 gal drum		X 55	
Total Volume Estimated Using Eyeball Method			

Measured Volume Method (this may take several calculation as may have to break down the odd shaped spill to rectangles, circles, and polygons) It is important when guessing depth to measure, if possible in several locations and use an average depth. Use the [SSO Volume Estimate by Area Work Sheet](#) , if necessary, to sketch the shapes and show your work.

1. Draw a sketch of the spill [SSO Volume Estimate by Area Work Sheet](#), or use a photo copy of USD block book to draw on and attach it.
2. Draw shapes and dimensions used on your sketch
3. Use correct formula for various shapes

Rectangle	$L \times W \times D$
Circle	$3.14 \times R^2 \times D$
Polygons see reference chart	Show formula used

Duration and Flow Rate Method worksheet:

Start Date and Time	1.
End Date and time	2.
Total time elapsed of SSO event (subtract line 1 from line 2. Show time in minutes)	3.
Average flow rate GPM (account for diurnal pattern)	4.
Total volume estimate using duration and flow rate method (Line 3 x Line 4)	5.

CAUSE OF SPILL

Spill Cause: Roots Grease Debris Vandalism Lift Sta. Fail Other _____

Spill cause to be determined by CCTV inspection (Attach TV Report to this form)

Final Cause Determination:

Proper Operation and Maintenance Determination:

Date last cleaned: _____ Date last TV'd: _____

Date last replaced or rehabilitated: _____

Follow-up or Corrective Action Taken:

SPILL CONTAINMENT

Containment Implemented: _____: _____ AM PM Date: ____/____/____



Containment Measures: Plugged Storm Drain Washed Down Vacuum Up Water/Sewage

Other Measures: _____

CLEAN UP



Clean Up Begin: _____:_____ AM PM Date: _____/_____/_____

Clean Up Complete: _____:_____ AM PM Date: _____/_____/_____

Describe Clean Up Operations: _____

_____ Gallons – Estimate Volume of Spill Recovered (do not count wash down water)

OTHER IMPORTANT MILESTONES

Contacted Supervisor: _____:_____ AM PM Date: _____/_____/_____

Requested Additional EE's/Equip: _____:_____ AM PM Date: _____/_____/_____

Requested Additional EE's/Equip: _____:_____ AM PM Date: _____/_____/_____

Requested Additional EE's/Equip: _____:_____ AM PM Date: _____/_____/_____

Departure Time: _____:_____ AM PM Date: _____/_____/_____

_____:_____ AM PM Date: _____/_____/_____

_____:_____ AM PM Date: _____/_____/_____

_____:_____ AM PM Date: _____/_____/_____

REPORTING

Report to Cal-EMA: Date: _____:_____ AM PM (Cat.1 Only) (800) 852-7550 By: _____

Control Number provided by Cal-OES: _____
Name of Person Contacted: _____ or Left Message:

Report to ACWD Date: _____:_____ AM PM Phone: 668-4200 By: _____

Name of Person Contacted: _____ or Left Message:

