

**Sanitary Sewer Systems General Order**
[SSS Menu](#)

Spill Event ID:

Spill Location Name:

Sanitary Sewer System:

Agency:

Spill Report Type: Category 2 Spill

Spill Report Status:

Initial Draft Submitted On :

Original Certified On:

[Spill General Info](#)
[Attachments](#)
[Certification](#)

## Certified Spill Report for Category 2 Spills

Due within 15 calendar days of the spill end date.




**Please Note:**

- If you have entered all required information and have the report ready to certify, please click on the "Ready to Certify" button.,
- Reports cannot be certified unless the "Ready to Certify" button is clicked first.
- In order to certify the report, please click on the "Certify" button after populating the certification section.

\*1. Spill Destination(s):

- Building or Structure  
 Drainage Conveyance System  
 Drainage Conveyance System that discharges to surface water  
 Groundwater Infiltration Basin or Facility  
 Other (specify below)  
 Paved Surface  
 Street/Curb and Gutter (2 3)  
 Surface Water  
 Unpaved Surface

1.a. If other, describe:

1000

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

\*1.b. Description of the spill event destination(s), including GPS coordinates if available, that represent the full spread and reach of the spill:

1000

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

\*1.c. Coordinates available?

*(Please provide at least one set of Lat and Long if your answer is "Yes")*


1.d. Lattitude:

*(Required if answer for question 1.c. Coordinates available is "Yes")*
 decimal degrees 

1.e. Longitude:

*(Required if answer for question 1.c. Coordinates available is "Yes")*
 decimal degrees 

1.f. Lattitude:

 decimal degrees 

1.g. Longitude:

 decimal degrees 

1.h. Lattitude:

 decimal degrees 

1.i. Longitude:

 decimal degrees

1.j. Latitude:	<input type="text"/> decimal degrees <input type="button" value="[Show Map]"/>
1.k. Longitude:	<input type="text"/> decimal degrees <input type="button" value="[Show Map]"/>
*2. Spill end date and time:	<input type="text"/> <input type="text"/>
<p>*3. Description of how the spill volume estimations were calculated, including at a minimum:</p> <p>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):</p>	<input type="text"/> 1000 <b>characters remaining.</b> (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
<p>*3.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:</p>	<input type="text"/> 1000 <b>characters remaining.</b> (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
<p>*4. Spill cause(s):</p>	<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 Construction/Maintenance <input type="checkbox"/> Debris from Construction <input type="checkbox"/> Debris from Lateral <input type="checkbox"/> Debris-General <input type="checkbox"/> Debris-Rags
<p>4.a. If other, describe:</p>	<input type="text"/> 1000 <b>characters remaining.</b> (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
<p>*5. System failure location:</p>	<input type="checkbox"/> Air Relief Valve (ARV)/ Blow-Off Valve (BOV) <input type="checkbox"/> Force Main <input type="checkbox"/> Gravity Mainline <input type="checkbox"/> Lower Lateral <input type="checkbox"/> Manhole <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Pump Station - Controls <input type="checkbox"/> Pump Station - Mechanical <input type="checkbox"/> Pump Station - Power
<p>5.a. If other, describe:</p>	<input type="text"/> 1000 <b>characters remaining.</b> (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)

<p>*6. Description of the pipe material at the failure location:</p>	<div style="border: 1px solid gray; padding: 5px;"> <input type="checkbox"/> Acrylonitr. Butadiene Styrene (ABS)  <input type="checkbox"/> Cast Iron  <input type="checkbox"/> Concrete  <input type="checkbox"/> Copper  <input type="checkbox"/> Cross-Linked Polyethylene (PEX)  <input type="checkbox"/> Ductile Iron  <input type="checkbox"/> Fiberglass  <input type="checkbox"/> Galvanized Steel  <input type="checkbox"/> Other (specify below) </div>
<p>6.a. If other, describe:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <p style="text-align: right; color: red;">1000</p> <p style="color: red;">characters remaining.</p> <p>(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<p>*6.b. Estimated age of pipe material, at the failure location:</p>	<div style="border: 1px solid gray; width: 100px; display: inline-block;"></div> <span style="margin-left: 10px;">Years</span>
<p>*7. Description of the impact of the spill:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <p style="text-align: right; color: red;">1000</p> <p style="color: red;">characters remaining.</p> <p>(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<p>*8. Was the spill associated with a storm event?</p>	<div style="border: 1px solid gray; padding: 2px;"> <span>Select</span> <input type="checkbox"/> </div>
<p>*9. Spill response activities:</p>	<div style="border: 1px solid gray; padding: 5px;"> <input type="checkbox"/> Cleaned Up (specify below)  <input type="checkbox"/> Contained All or Portion of Spill  <input type="checkbox"/> Mitigated Effects of Spill (specify below)  <input type="checkbox"/> Other (specify below)  <input type="checkbox"/> Other Enforcement Agency Notified  <input type="checkbox"/> Property Owner Notified  <input type="checkbox"/> Restored Flow  <input type="checkbox"/> Returned All Spill to Sanitary Sewer System  <input type="checkbox"/> Returned Portion of Spill to Sanitary Sewer System </div>
<p>9.a. If other, describe:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <p style="text-align: right; color: red;">1000</p> <p style="color: red;">characters remaining.</p> <p>(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<p>*9.b. Description of spill response activities including description of immediate spill containment and cleanup efforts:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <p style="text-align: right; color: red;">1000</p> <p style="color: red;">characters remaining.</p> <p>(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<p>*10. Spill corrective action:</p>	<div style="border: 1px solid gray; padding: 5px;"> <input type="checkbox"/> Added Sewer to Preventive Maintenance Program  <input type="checkbox"/> Adjusted Schedule/Method of Preventive Maintenance  <input type="checkbox"/> Enforcement action against Fats, Oil, and Grease (FOG) source  <input type="checkbox"/> Inspected Sewer Using CCTV to Determine Cause  <input type="checkbox"/> Other (specify below)  <input type="checkbox"/> Plan Rehabilitation or Replacement of Sewer  <input type="checkbox"/> Repaired Facilities or Replaced Defect </div>
<p>10.a. If other, describe:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <p style="text-align: right; color: red;">1000</p> <p style="color: red;">characters remaining.</p>

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

\*10.b. Description of spill corrective action, including steps planned or taken to reduce, eliminate, and prevent reoccurrence of the spill, and a schedule of major milestones for those steps:

1000

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

\*10.c. Schedule of major milestones:

1000

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

\*11. Spill response completion date:

\*12. Detailed narrative of investigation and investigation findings of cause of spill:

1000

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

\*13. Is the Enrollee conducting an ongoing investigation?

13.a. Reasons for an ongoing investigation:  
*(Required if answer for question 13 is "Yes")*

1000

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

13.b. Expected date of completion of investigation:  
*(Required if answer for question 13 is "Yes")*

\*14. Was the spill located within 1,000 feet of a municipal surface water intake?

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Update

**Note:** Questions with "\*" are required to be answered.