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Sanitary Sewer Systems General Order

SSS Menu **Spill Location Name:**

Sanitary Sewer System:

Spill Event ID:

Agency:

Spill Report Type: Initial Draft Submitted

Category 2 Spill Spill Report Status:

On:

Original Certified On:

II General Info	<u>Attachments</u>	Certification					
	Due	Draft Spill within three (3) busin	Report for			spill.	
Save Work in		Submit Draft	·	<u> </u>			
*1. Name of Enrollee contact person to respond to spill-specific questions:							
*1.a. Telephone number of Enrollee contact person to respond to spill-specific questions:							
*2. Spill Location	n Name:						
*3. Date and time the Enrollee was notified of, or self-discovered, the spill:							
*4. Operator arrival time:							
*5. Estimated sp	oill start date and ti	me:					
*6. Date and time the Enrollee notified the California Office of Emergency Services:							
*6.a. Assigned control number:							
*7. Description, photographs, and GPS coordinates of the system location where the spill originated: If a single spill event results in multiple appearance points, provide GPS coordinates for the appearance point closest to the failure point and describe each additional appearance point in the spill appearance point explanation field: Submit photographs under the Attachments tab			1000 characters rei (Attach document into the box)		reater than 1000 (characters, enter	"See Attachment"
*7.a. Lattitude:				decimal degrees	[Show Map]		
*7.b. Longitude:				decimal degrees	[Show Map]		
*7.c. Appearance points:			Backflow Prevention Device Combined Sewer Drain Inlet. (Combined Collection System Only) Force Main Gravity Mainline Inside Building or Structure Lateral Clean Out (Private) Lateral Clean Out (Private) Lower Lateral (Private)				
7.d. If other, describe:			1000 characters rer (Attach document into the box)		reater than 1000 o	characters, enter	"See Attachment"

7.e. Additional spill appearance point(s) explanation:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)				
*8. Estimated total spill volume exiting the system:	Gallons				
*9. Description and photographs of the extent of the spill and spill boundaries:					
Submit photographs under the Attachments tab	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)				
*10. Did the spill reach a drainage conveyance system?	Select				
10.a. 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	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)				
(Required if answer for question 10 is 'Yes') 10.b. Estimated spill volume fully recovered from the drainage conveyance system: (Required if answer for question 10 is 'Yes')	Gallons				
10.c. Estimated spill volume remaining within the drainage conveyance system: (Required if answer for question 10 is 'Yes')	Gallons				
10.d. Did the spill discharge to a groundwater infiltration basin or facility? (Required if answer for question 10 is 'Yes')	Select				
10.e. Estimated spill volume discharged to a groundwater infiltration basin or facility:	Gallons				
(Required if answer for question 10.d. is 'Yes')					
(Required if answer for question 10.d. is 'Yes') *11. Estimated total spill volume recovered:	Gallons				