

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

Spill Event ID:

Spill Location Name:

Sanitary Sewer System:

Agency:

Spill Report Type: Monthly Category 3 Spill

Spill Report Status:

Initial Draft Submitted On :

Original Certified On:

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

Monthly Certified Spill Reporting for Category 3 Spills

Due 30 calendar days after the end of the month in which the spill occurred.

Please Note:

- 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.

*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 Name:

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

*4. Operator arrival time:

*5. Estimated spill start date and time:

*6. 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:

1000 characters remaining.

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

Submit photographs under the Attachments tab

*6.a. Latitude:

 decimal degrees

*6.b. Longitude:

 decimal degrees

*6.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)
 Lower Lateral (Public)

6.d. If other, describe:

1000 characters remaining.

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

6.e. Additional spill appearance point(s) explanation:	<input type="text"/>
*7. Estimated total spill volume exiting the system:	<input type="text"/> Gallons
*8. Description and photographs of the extent of the spill and spill boundaries: Submit photographs under the Attachments tab	<input type="text"/> 1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
*9. Did the spill reach a drainage conveyance system?	Select <input type="checkbox"/>
*9.a. Description of the drainage conveyance system transporting the spill and photographs of the drainage conveyance system entry location(s): <i>(Required if answer for question 9 is "Yes")</i>	<input type="text"/> 1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
*9.b. Estimated spill volume fully recovered from the drainage conveyance system: <i>(Required if answer for question 9 is "Yes")</i>	<input type="text"/> Gallons
*9.c. Estimated spill volume discharged to a groundwater infiltration basins or facility: <i>(Required if answer for question 9 is "Yes")</i>	<input type="text"/> Gallons
*10. Estimated total spill volume recovered:	<input type="text"/> Gallons
*11. Spill Destination(s):	<input type="checkbox"/> Building or Structure <input type="checkbox"/> Drainage Conveyance System <input type="checkbox"/> Drainage Conveyance System that discharges to surface water <input type="checkbox"/> Groundwater Infiltration Basin or Facility <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Paved Surface <input type="checkbox"/> Street/Curb and Gutter (2 3) <input type="checkbox"/> Surface Water <input type="checkbox"/> Unpaved Surface
11.a. If other, describe:	<input type="text"/>
*11.b. Description of the spill event destination(s), including GPS coordinates if available, that represent the full spread and reach of the spill:	<input type="text"/> 1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
11.c. Coordinates available? <i>(Please provide at least one set of Lat and Long if your answer is "Yes")</i>	Select <input type="checkbox"/>
11.d. Latitude: <i>(Required if answer for question 11.c. Coordinates available is "Yes")</i>	<input type="text"/> decimal degrees <input type="button" value="Show Map"/>
11.e. Longitude: <i>(Required if answer for question 11.c. Coordinates available is "Yes")</i>	<input type="text"/> decimal degrees <input type="button" value="Show Map"/>
11.f. Latitude:	<input type="text"/> decimal degrees <input type="button" value="Show Map"/>
11.g. Longitude:	<input type="text"/> decimal degrees <input type="button" value="Show Map"/>
11.h. Latitude:	<input type="text"/> decimal degrees <input type="button" value="Show Map"/>
11.i. Longitude:	<input type="text"/> decimal degrees <input type="button" value="Show Map"/>

11.j. Latitude:	<input type="text"/> decimal degrees <input type="button" value="[Show Map]"/>
11.k. Longitude:	<input type="text"/> decimal degrees <input type="button" value="[Show Map]"/>
*12. Spill end date and time:	<input type="text"/> <input type="text"/>
<p>*13. 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 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
<p>*13.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 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
<p>*14. 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 <input type="checkbox"/> Construction/Maintenance <input type="checkbox"/> Debris from Construction <input type="checkbox"/> Debris from Lateral <input type="checkbox"/> Debris-General <input type="checkbox"/> Debris-Rags
14.a. If other, describe:	<input type="text"/>
<p>*15. 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
15.a. If other, describe:	<input type="text"/>
<p>*16. Description of the pipe material, at the failure location:</p>	<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)
16.a. If other, describe:	<input type="text"/>
<p>*16b. Estimated age of pipe material, at the failure location:</p>	<input type="text"/> Years

<p>*17. Description of the impact of the spill:</p>	<div style="border: 1px solid black; 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>*18. Was the spill associated with a storm event?</p>	<div style="border: 1px solid black; padding: 2px;"> Select <input type="checkbox"/> </div>
<p>*19. Spill response activities:</p>	<div style="border: 1px solid black; 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>19.a. If other, describe:</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>*19.b. Description of spill response activities including description of immediate spill containment and cleanup efforts:</p>	<div style="border: 1px solid black; 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>*20. Spill corrective action:</p>	<div style="border: 1px solid black; 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>20.a. If other, describe:</p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p>*20.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:</p>	<div style="border: 1px solid black; 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>*20.c. Local regulatory enforcement action taken against an illicit discharge in response to this spill, as applicable:</p>	<div style="border: 1px solid black; 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>*20.d. Identifiable system modifications, and operation and maintenance program modifications needed to prevent repeated spill occurrences at the same spill event location, including:</p>	<div style="border: 1px solid black; 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>*20.d.1. Adjusted schedule/method of preventive maintenance:</p>	<div style="border: 1px solid black; 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>*20.d.2. Planned rehabilitation or replacement of sanitary sewer asset:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <div style="text-align: right; color: red; font-weight: bold;">1000</div> <p>characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<p>*20.d.3. Inspected, repaired asset(s), or replaced defective asset(s):</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <div style="text-align: right; color: red; font-weight: bold;">1000</div> <p>characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<p>*20.d.4. Capital improvements:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <div style="text-align: right; color: red; font-weight: bold;">1000</div> <p>characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<p>*20.d.5. Documentation verifying immediately implemented system modifications and operating/maintenance modifications:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <div style="text-align: right; color: red; font-weight: bold;">1000</div> <p>characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<p>*20.d.6. Description of spill response activities modifications:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <div style="text-align: right; color: red; font-weight: bold;">1000</div> <p>characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<p>*20.d.7. Spill response completion date:</p>	<div style="border: 1px solid gray; width: 100%; display: flex; align-items: center;"> <input style="width: 80%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> </div>
<p>*20.d.8. Ongoing investigation efforts:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <div style="text-align: right; color: red; font-weight: bold;">1000</div> <p>characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<p>*20.d.9. Expected completion date of investigation to determine the full cause of spill:</p>	<div style="border: 1px solid gray; width: 100%; display: flex; align-items: center;"> <input style="width: 80%; height: 20px;" type="text"/> <input style="width: 20%; height: 20px;" type="text"/> </div>
<p>*21. Detailed narrative of investigation and investigation findings of cause of spill:</p>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div> <div style="text-align: right; color: red; font-weight: bold;">1000</div> <p>characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)</p>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid gray; padding: 2px 10px; border-radius: 5px;">Save Work in Progress</div> <div style="border: 1px solid gray; padding: 2px 10px; border-radius: 5px;">Ready to Certify</div> </div>	
<p>Note: Questions with "*" are required to be answered.</p>	