SSO FIELD REPORT FORM

WASTEWATER COLLECTION DIVISION

Resident Asked to Stop All Water Use? ***Yes [ ] No [ ]*** **Spilling Upon Arrival?** ***Yes [ ] No [ ]***

First Responder:_____ **Date:**_____

Estimate volume that reached storm drain flowing to surface water. _____ gals.

Estimate volume recovered from storm drain that flows to surface water. _____ gals.

Estimate volume that reached drainage channel flowing to surface water. _____ gals.

Estimate volume recovered from drainage channel flowing to surface water. _____ gals.

Estimate spill volume discharged directly to surface water (Category 1) _____gals.

Estimate spill volume recovered from surface water (Category 1) _____ gals.

Estimate spill volume discharged to land _____ gals.

Estimate spill volume recovered from the discharge to land. _____ gals.

SSO Overflow Rate (GPM) _____ Spill Volume (Gals)_____ Volume Recovered(Gals)_____

Did the spill discharge to a drainage channel and/or surface water? Yes [ ] No [ ]

Did the spill reach a storm drain pipe? Yes [ ] No [ ]

If spill reached a storm drain pipe, was all wastewater fully captured from the storm drain and returned to the sewer system? Yes [ ] No [ ]

Spill Category: ***1 [ ] 2 [ ] 3 [ ]*** *****If Category 1 or 2, Contact Supervisor Immediately*****

PLSD: **Yes [ ] No [ ]** **NOTE: (If Commercial, get signed Miscellaneous Billing Charge form)**

Address of Call:_____

Number of Spill Appearance Points: _____

Spill Appearance Point: (**If multiple, list the closest point to actual problem)**

Building or Structure [ ] Force Main [ ] Gravity Mainline [ ] Manhole [ ] Cleanout [ ] Other Sewer Structure [ ] If Other, Explain _____

Final Spill Destination:

Building or Structure [ ] Storm Drain System [ ] Paved Surface [ ]Street / Curb and Gutter [ ] Surface Water [ ] Landscape [ ] Unpaved Surface [ ] Other [ ] _____

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Arrival Time to SSO:_____ SSO Start Time: _____ SSO Stop Time:_____

Start Time Determination:

Time call received? _____ AM [ ] PM [ ]

Did caller notice an active spill? YES [ ] No [ ] What Time? _____ AM [ ] PM [ ]

Were their drains running slowly? YES [ ] NO [ ] What Time? _____ AM [ ] PM [ ]

Were Neighbors Interviewed? YES [ ] NO [ ] What Time? _____ AM [ ] PM [ ]

Please provide a brief narrative on how you determined the SSO Start Time: (use notes page if needed)

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_____

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SSO Cause: Debris-Rags [ ] Debris-Construction [ ] Grease [ ] Pipe/ Structural Failure [ ] Natural Disaster [ ]

Non-Dispersables [ ] Lift Station Failure- Mechanical [ ] Lift Station Failure-Electrical [ ] Rainfall Exceeded

Design I&I [ ] Root Intrusion [ ] Vandalism [ ] CS Maintenance Caused [ ] Other [ ]_____

Where Did The Failure Occur?

Lower Lateral [ ] Upper Lateral [ ] Lift Station [ ] Gravity Main [ ] Force Main [ ]

If mainline list asset numbers _____ to _____

SSO Containment Procedures:

Rubber Mat w/ Sandbags [ ] Rubber Berm [ ] Dry Sweep [ ]Air Plugs [ ] Vactor [ ] Dirt Berm [ ] Other [ ]

_____

Was All Wash Down Water Vacuumed and Returned to Sanitary System? Yes [ ] No [ ]

Spill Response Activities:

Mitigated Effects of Spill [ ] Contained All or Portion of Spill [ ] Restored Flow [ ]

CCTV Inspected Sewer for Cause [ ] Returned Spill to Sewer System [ ]

Detailed Description of Spill Response Activities and Actions:

_____

_____

_____

_____

Method Used to Determine Gallons Spilled:

Eyeball Estimate Method [ ] Flow Estimation Chart [ ] Estimation Picture Chart [ ]

Measured Volume Chart [ ] (*Refer to containment SOP)* Other [ ]_____

Provide Description of Process Used to Determine Gallons Spilled:

_____

_____

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_____

Contacts and Reporting: (If additional area is needed, use notes page on pg. 4)

Contacted Supervisor ____:____ AM PM (If Category 1 Spill has occurred)

Requested Additional Support ____:____ AM PM _____

____:____ AM PM _____

____:____ AM PM _____

Lab Personnel ____:____ AM PM _____

Risk Management ____:____ AM PM _____

Data Submitter or LRO will contact the following:

OES - 1-800-852-7550 ____:____ AM PM Obtain Control Number:_____

Barry Hilton -RWQCB 464-4762 ____:____ AM PM Discussed SSO With: Yes [ ] No [ ]
Left Message [ ] Email [ ]

Victor Vasquez- RWCQB 464-4623 ____:____ AM PM Discussed SSO With: Yes [ ] No [ ]

Left Message [ ] Email [ ]

Fish and Game 445-0045 (Option #2) ____:____ AM PM Contact Name:_____

Placer Cty Environmental Health ____:____ AM PM Contact Name:_____

Notes:_____

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= Pictures Needed

System Failure Analysis Form

CITY OF ROSEVILLE- WASTEWATER COLLECTION

SSO/BACKUP INFORMATION	
CIWQS EVENT ID #	EVENT DATE:
MAINLINE: YES [ ] NO [ ] LIST MHs:	IF YES, LAST SMNHD: COMPLETED BY:
LOWER LATERAL: YES [ ] NO [ ] ADDRESS:	SPILL CATEGORY: 1 [ ] 2 [ ] 3 [ ]
FAILURE CAUSE:	
PREVIOUS SSO: YES [ ] NO [ ] IF YES, LIST DATE:	# OF PRIOR CALLS FOR SERVICE:

CCTV SUMMARY		
PREVIOUS CCTV YES [ ] NO [ ]	DATE:	OBSERVATIONS:
CURRENT CCTV YES [ ] NO [ ]	DATE:	OBSERVATIONS:

PREVIOUS WORK ORDER HISTORY

	MAINTENANCE RECOMMENDATIONS (to be completed by SUPV/SUPT)
	NO CHANGES OR REPAIRS REQUIRED
	ADD TO PM GROUP PROJECT: (List)
	CHANGE MAINTENANCE TYPE: (Equipment)
	CHANGE MAINTENANCE FREQUENCY: (List)
	REPAIR / REPLACE: (List Details)
	CIPP LINE
	ADD TO CAPITAL IMPROVEMENT REHAB/REPLACEMENT LIST

SUPERVISOR REVIEW:	***SUPERINTENDENT REVIEW:***
RECOMMENDATIONS ADOPTED: YES [ ] NO [ ] SIGNATURE: EFFECTIVE DATE:	

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