Sanitary Sewer Spill Field Report

Check spill category (see A-3 for definitions): ☐CATEGORY 1 ☐CATEGORY 2 ☐CATEGORY 3 ☐CATEGORY 4 ☐NON-CAT 1 Lat

CalOES NOTIFICATION*		
Date:	Time:	Assigned Control Number:

Names of the Persons Participating in Spill Event	Contact Information

PHYSICAL LOCATION DETAILS	
Spill location name:	
Location description:	
Address of spill:	
City: **Santa Barbara**	Cross Street:
Regional Water Quality Control Board: **Region 3 - Central Coast**	County: **Santa Barbara**

DATE/TIME
Date and time the University was notified of, or self-discovered, the spill: _____
Operator arrival time: _____

PHOTOGRAPHS
Photos must be taken during the spill event. At a minimum, the following photos must be taken: ○ Appearance point closest to the failure point ○ Extent of the spill and spill boundaries ○ Entry location of each drainage conveyance system the sewage entered ○ All discharge points into surface waters ○ Location(s) of clean up
Where are photographs stored? **Send photos to UC Santa Barbara, Office of Environmental Health & Safety**

* Within two (2) hours of the University's knowledge of a Category 1 or Category 2 spill of 1,000 gallons or greater, discharging or threatening to discharge to waters of the State, notify CalOES and obtain a notification control number.

Sanitary Sewer Spill Field Report

SPILL ORIGINATION	
Description and GPS coordinates of the system location where the spill originated*: *Include manhole number or cleanout location of the spill appearance point closest to the failure point as applicable.*	
Latitude:	Longitude:
Number of additional appearance points:	
Spill appearance points: (Check all that apply) ☐ Backflow Prevention Device ☐ Combined Sewer Drain Inlet (Combined Collection System Only) ☐ Force Main ☐ Gravity Mainline ☐ Inside Building/Structure ☐ Lateral Clean Out (Private) ☐ Lateral Clean Out (Public) ☐ Lower Lateral (Private) ☐ Lower Lateral (Public) ☐ Manhole ☐ Other Sewer System Structure ☐ Pump Station ☐ Upper Lateral (Private) ☐ Upper Lateral (Public) ☐ Other, describe:	
Describe each spill appearance point:	
Check to confirm photos were taken of all appearance points: ☐	

* Note: 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 "Describe each spill appearance point" description section above. Take photos of spill appearance point(s).

SPILL DESTINATION (Check all that apply)	
Final spill destination(s): ☐ Drainage Conveyance System That Discharges to Surface Water ☐ Surface Water ☐ Building or Structure ☐ Drainage Conveyance System ☐ Groundwater Infiltration Basin or Facility ☐ Paved Surface ☐ Street/Curb and Gutter ☐ Unpaved Surface ☐ Other, describe:	
Description of the spill event destination(s) including GPS coordinates if available that represent the full spread and reach of the spill.	
Latitude:	Longitude:
Latitude (if needed):	Longitude (if needed):
Latitude (if needed):	Longitude (if needed):
Latitude (if needed):	Longitude (if needed):
Check to confirm photos were taken of spill destination/boundaries: ☐	

SPILL VOLUME

Estimated total spill volume exiting the system: _____ gallons

Method used to determine estimated spill volume exiting the system: _____

Did the spill reach a drainage conveyance system? ☐ YES ☐ NO If yes:

- Estimated time the spill reached the drainage conveyance system: _____
- Distance from drainage conveyance system to entry point to surface waters: _____ feet
- Method to determine travel time from point of entry to drainage conveyance system to receiving waters:

  _____

  _____

  _____
- Describe the drainage conveyance system transporting the spill: _____

  _____

  _____

Estimated spill volume fully recovered from the drainage conveyance system: _____ gallons

Method used to determine estimated spill volume recovered: _____

Estimated spill volume remaining within the drainage conveyance system: _____ gallons

Method used to determine est. spill vol. remaining in drainage conveyance system: _____

Check to confirm photos taken of entry location of drainage conveyance system the sewage entered: ☐

Did the spill reach surface water? ☐ YES ☐ NO

If yes:

- Estimated time the spill entered the surface water: _____
- Distance from spill appearance point to entry point to surface water: _____ feet
- Method to determine travel time to receiving waters: _____

  _____

  _____
- Describe all discharge points: _____

  _____

  _____

Estimated spill volume that discharged to surface waters: _____ gallons

Method used to determine estimated spill volume discharged to surface waters: _____

Estimated total spill volume recovered: _____ gallons

Method used to determine estimated total spill volume recovered: _____

Check to confirm photos were taken of the following, as applicable: all discharge points into surface waters, waterbody bank erosion, floating matter, water surface sheen, discoloration of receiving water, any notable impacts to the receiving water: ☐

Did the spill discharge to a groundwater infiltration basin or facility? ☐ YES ☐ NO

If yes, below section does not need to be completed since spill did not reach surface waters.

- Estimated time the spill entered the groundwater infiltration basin or facility: _____
- Estimated spill volume discharged to the groundwater infiltration basin or facility: _____ gallons
- Method used to determine estimated spill volume discharged: _____

SPILL VOLUME (continued)

Estimated spill volume that did NOT reach drainage conveyance system, surface water, or groundwater infiltration basin or facility: _____ gallons

Method used to determine estimated spill volume that did NOT reach drainage conveyance system, surface water, or groundwater infiltration basin or facility: _____

Estimated Total Spill Volume Recovered: _____ gallons

Method used to determine estimated total spill volume recovered: _____

Description of how the spill volume estimations were calculated, including at a minimum, the methodology, assumptions and types 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):

SPILL START TIME and END TIME DETERMINATION	
Were there witnesses to the spill? ☐ YES ☐ NO If yes, provide Spill Witness Statements below:	
Witness 1 Name:	Witness 1 Contact Information:
Where did they see sewage spill from? ☐ Manhole ☐ Inside Building ☐ Vent/Clean Out ☐ Catch Basin ☐ Wet Well/Lift Station ☐ Other (describe):	
When did the witness notice the sewage spilling? _____ AM / PM Date _____ /_____ /_____ Witness description of spill and affected area: Is it currently spilling? ☐ YES ☐ NO When did the witness last observe **NO Spill** occurring? _____ AM / PM Date _____ /_____ /_____	
Did the witness notice if the spill had reached the storm drain or surface waters?	
Comments:	
Witness 2 Name:	Witness 2 Contact Information:
Where did they see sewage spill from? ☐ Manhole ☐ Inside Building ☐ Vent/Clean Out ☐ Catch Basin ☐ Wet Well/Lift Station ☐ Other (describe):	
When did the witness notice the sewage spilling? _____ AM / PM Date _____ /_____ /_____ Witness description of spill and affected area: Is it currently spilling? ☐ YES ☐ NO When did the witness last observe **NO Spill** occurring? _____ AM / PM Date _____ /_____ /_____	
Did the witness notice if the spill had reached the storm drain or surface waters?	
Comments:	
Witness 3 Name:	Witness 3 Contact Information:
Where did they see sewage spill from? ☐ Manhole ☐ Inside Building ☐ Vent/Clean Out ☐ Catch Basin ☐ Wet Well/Lift Station ☐ Other (describe):	
When did the witness notice the sewage spilling? _____ AM / PM Date _____ /_____ /_____ Witness description of spill and affected area: Is it currently spilling? ☐ YES ☐ NO When did the witness last observe **NO Spill** occurring? _____ AM / PM Date _____ /_____ /_____	
Did the witness notice if the spill had reached the storm drain or surface waters?	
Comments:	

SPILL START TIME and END TIME DETERMINATION (continued)

Are the volume of the spill and rate of flow known? ☐ YES ☐ NO

If yes, divide volume by rate of flow to get duration of spill event:

_____ Gallons ÷ _____ GPM = _____ Minutes
Spill Volume Flow Rate Spill Duration

Subtract the duration from the spill end date/time to establish the spill start date/time:

_____ — _____ = _____
Spill End Date/Time Duration Spill Start Time

Method to determine flow rate:

Solids Present? ☐ None or small amount (indicates recent start)
☐ Significant amount of buildup

Staining? ☐ None (indicates recent start)
☐ Minor
☐ Significant

Distance sewage has traveled from spill point:

Spill Date and Start Time:

Spill End Date and Time:

How was end time determined?
☐ Broke stoppage
☐ Turned pump station back on
☐ Other, explain:

Description of the methodology(ies), assumptions and type of data relied upon for estimations of the spill start time and the spill end time.

SPILL CAUSE (check all that apply)
☐ Air Relief Valve (ARV)/Blow Off Valve (BOV)/Backwater Valve Failure
☐ Construction Diversion Failure
☐ Collection System Maintenance Failure (Specify Below)
☐ Damage by Others Not Related to CS Construction/Maintenance (Specify Below)
☐ Debris from Construction
☐ Debris from Lateral
☐ Debris-General
☐ Debris-Rags
☐ Debris-wipes/Non-disposables
☐ Flow Exceeded Capacity (Separate CS Only)
☐ Fats, Oils and Grease (FOG)
☐ Inappropriate Discharge to CS
☐ Natural Disaster (Specify Below)
☐ Operator Error (Specify Below)
☐ Pipe Structural Problem/Failure – Installation
☐ Pipe Structural Problem/Failure – Controls
☐ Pump Station Failure – Power
☐ Pump Station Failure – Mechanical
☐ Pump Station Failure – Controls
☐ Rainfall Exceeded Design, I and I (Separate CS Only)
☐ Root Intrusion
☐ Siphon Failure
☐ Surcharged Pipe (Combines CS Only)
☐ Vandalism (Specify Below)
☐ Other, specify:

SYSTEM FAILURE LOCATION	
System failure location: ☐ Air Relief Valve (ARV)/Blow Off Valve (BOV) Failure ☐ Force Main ☐ Gravity Mainline ☐ Lower Lateral ☐ Manhole ☐ Pump Station Failure – Controls ☐ Pump Station Failure – Mechanical ☐ Pump Station Failure – Power ☐ Siphon ☐ Upper Lateral (Specify Below) ☐ Other, specify:	
Description of the pipe material at the failure location: ☐ Copper ☐ Galvanized Steel ☐ Polyvinyl Chloride (PVC) ☐ Acrylonitrile Butadiene Styrene (ABS) ☐ Cross-Linked Polyethylene (PEX) ☐ Cast Iron ☐ Vitrified Clay ☐ Concrete ☐ Ductile Iron ☐ Fiberglass ☐ Other, specify:	
Estimated age of sewer asset at the point of blockage or failure (if applicable):	years
Diameter of sewer pipe at the point of blockage or failure:	inches

SPILL IMPACT
Description of the impact of the spill:

STORM EVENT
Was spill associated with a storm event? ☐ YES ☐ NO

SPILL RESPONSE ACTIVITIES (check all that apply)
☐ Cleaned Up (Specify Below) ☐ Mitigated Effects of Spill (Specify Below) ☐ Contained All or Portion of Spill ☐ Restored Flow ☐ Returned All Spill to Sanitary Sewer System ☐ Returned Portion of Spill to Sanitary Sewer System ☐ Property Owner Notified ☐ Other Enforcement Agency Notified ☐ Other, specify:

SPILL CLEAN UP
Date and Time Spill Clean Up Began: Date: _____ Time: _____ AM / PM
Date and Time Spill Clean Up Completed: Date: _____ Time: _____ AM / PM
Clean Up Method: (select all that apply) ☐ Fresh Water Washdown ☐ Broom/Rake/Retrieve Solids ☐ Vacuum Retrieval ☐ Soil Removal ☐ Hydro-Jet/Vacuum Retrieve from Storm Conveyance System ☐ Building Restoration ☐ Disinfectants ☐ Other, specify:
Description of Clean Up Activities: Gallons of Water Washdown Used: _____ (gals)

SPILL CONTAINMENT	
Containment Location: (select all that apply) ☐ Curb and Gutter ☐ Street ☐ Open Space ☐ Storm Drain System ☐ Drainage Channel ☐ Inside Building ☐ Lawn/Landscaped Area ☐ Creek/Stream ☐ Wetland ☐ Other, specify:	Containment Method: (select all that apply) ☐ Photos of Containment in Place ☐ Inlet Mats ☐ Sandbags ☐ Naturally Contained ☐ Hand Dig Trench ☐ Dry Sweep ☐ Pneumatic Plugs ☐ Divert to Sewer System ☐ Absorbent Waddles ☐ Other, specify:

SPILL CORRECTIVE ACTION (check all that apply)
☐ Added Sewer to Preventive Maintenance Program ☐ Adjusted Schedule/Method of Preventive Maintenance ☐ Enforcement Action Against FOG Source ☐ Inspected Sewer Using CCTV to Determine Cause ☐ Plan Rehabilitation or Replacement of Sewer ☐ Repaired Facilities or Replaced Defect ☐ Other, specify:

Refer to Collection System Failure Analysis Report for details about:

- 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.
- Schedule of major milestones

Check to confirm completion of each report:

☐ Post-Spill Assessment
☐ Collection System Failure Analysis

Spill response completion date:

INVESTIGATION
Detailed narrative of investigation and investigation findings of cause of spill:
Is the University conducting an ongoing investigation? ☐ YES ☐ NO If yes, reasons for an ongoing investigation: If yes, expected date of completion of investigation: _____

SURFACE WATERS (Complete for Category 1 Spills Only)		
Name of receiving water body	Type of receiving water body: Stream, Ocean, Wetland, Slough, Estuary, River, Lake, Reservoir, Vernal Pool, Wash, or Other (specify)	Description of the water body(s), including but not limited to: ○ Observed impacts on aquatic life, ○ Public access impact(s): public closure, restricted public access, temporary restricted use, and/or other (specify below) ○ Responsible entity for closing/restricting use of water body, and ○ Number of days closed/restricted as a result of the spill.

MUNICIPAL INTAKE (Complete for Category 1 and 2 Spills Only)		
Was the spill located within 1,000 feet of a municipal surface water intake?	☐ YES	☐ NO
Describe:		

WATER SAMPLING
Were water quality samples collected? ☐ YES ☐ NO ☐ N/A If yes, identify sample locations:
Identify parameters the water quality samples were analyzed for: (Check all that apply) ☐ Total Coliform Bacteria ☐ Fecal coliform bacteria ☐ E-coli ☐ Ammonia ☐ Other, specify: