



PART I:

This form shall be submitted to the appropriate DWR Regional Office within five business days of the first knowledge of the sanitary sewer overflow (SSO).

Permit Number: (WQCS# if active, otherwise use WQCSD#)

Facility: Incident #: Owner:

Region: City: County:

Source of SSO (check applicable): Sanitary Sewer Pump Station / Lift Station

SPECIFIC location of the SSO (be consistent in description from past reports or documentation - i.e. Pump Station 6, Manhole at Westall & Bragg Street, etc.):

Manhole #:

Latitude (degrees/minute/second): Longitude (degrees/minute/second):

Incident Started Dt: Time: Incident End Dt: Time:
(mm-dd-yyyy) (hh:mm) AM/PM (mm-dd-yyyy) (hh:mm) AM/PM

Estimated volume of the SSO: gallons Estimated Duration (round to nearest hour): hour(s)

Describe how the volume was determined:

Weather conditions during the SSO event:

Did the SSO reach surface waters? Yes No Unknown

Volume reaching surface waters: gallons Surface water name:

Did the SSO result in a fish kill? Yes No Unknown

If Yes, what is the estimated number of fish killed?

SPECIFIC cause(s) of the SSO:

- Severe Natural Conditions Grease Roots Inflow & Infiltration
Pump Station Equipment Failure Power Outage Vandalism Debris in line Pipe Failure (Break)
Other (Please explain in Part II)

24-hour verbal notification (name of person contacted):

DWR Emergency Management Date (mm-dd-yy): Time: (hh:mm AM/PM):

Per G.S. 143-215.1C(b), the owner or operator of any wastewater collection system shall:

In the event of a discharge of 1,000 gallons or more of untreated wastewater to the surface waters of the State, issue a press release to all print and electronic news media that provide general coverage in the county where the discharge occurred setting out the details of the discharge. The press release shall be issued within 24 hours after the owner or operator has determined that the discharge has reached surface waters of the State.

In the event of a discharge of 15,000 gallons or more of untreated wastewater to the surface waters of the State, publish a notice of the discharge in a newspaper having general circulation in the county in which the discharge occurs and in each county downstream from the point of discharge that is significantly affected by the discharge. The Regional Office shall determine which counties are significantly affected by the discharge and shall approve the form and content of the notice and the newspapers in which the notice is published.

WHETHER OF NOT PART II IS COMPLETED, A SIGNATURE IS REQUIRED SEE PAGE 13

In order to submit a claim for justification of an SSO, you must use Part II of form CS-SSO with additional documentation as necessary. DWR staff will review the justification claim and determine if enforcement action is appropriate.

PART II:

ANSWER THE FOLLOWING QUESTIONS FOR EACH RELATED CAUSE CHECKED IN PART I OF THIS FORM AND INCLUDE THE APPROPRIATE DOCUMENTATION AS REQUIRED OR DESIRED

COMPLETE ONLY THOSE SECTIONS PERTAINING TO THE CAUSE OF THE SSO AS CHECKED IN PART I

(In the check boxes below, NA = Not Applicable and NE = Not Evaluated)

A HARDCOPY OF THIS FORM SHOULD BE SUBMITTED TO THE APPROPRIATE DWR REGIONAL OFFICE UNLESS IS HAS BEEN SUBMITTED ELECTRONICALLY THROUGH THE ONLINE REPORTING SYSTEM

Severe Natural Conditions (hurricane, tornado, etc.)

Describe the "severe natural condition" in detail:

How much advance warning did you have and what actions were taken in preparation for the event? _____

Comments: _____

Grease (Documentation such as cleaning, inspection, enforcement actions, past overflow reports, educational material and distribution date, etc. should be available upon request.)

When was the last time this specific line (or wet well) was cleaned? _____

Do you have an enforceable grease ordinance that requires new or retrofit of grease traps/interceptors? Yes No NA NE

Have there been recent inspection and/or enforcement actions taken on nearby restaurants or other nonresidential grease contributors? Yes No NA NE

Explain: _____

Have there been other SSOs or blockages in this areas that were also caused by grease Yes No NA NE

When? _____

If yes, describe them: _____

Have cleaning and inspections ever been done at this location? Yes No NA NE
Explain.

Have educational material about grease been distributed in the past? Yes No NA NE

When: _____

and to whom: _____

Explain: _____

If the SSO occurred at a pump station, when was the wet well and pumps last checked for grease accumulation:

Were the floats clean? Yes No NA NE

Comments: _____

Roots

Do you have an active root control program on the line / area in question? Yes No NA NE

Describe: _____

Have cleaning and inspections ever been increased at this location because of roots? Yes No NA NE

Explain: _____

What corrective actions have been accomplished at the SSO location (and surrounding system if associated with the SSO)?

What corrective actions are planned at the SSO location to reduce root intrusion? _____

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as the line been smoke tested or videoed within the past year? Yes No NA NE

If Yes, when?

Comments: _____

Inflow and Infiltration

Are you under an SOC (Special Order by Consent) or do you have a schedule Yes No NA NE in any permit that addresses I/I?

Explain if Yes: _____

What corrective actions have been taken to reduce or eliminate I & I related overflows this spill location within the last year? _____

Has there been any flow studies to determine I/I problems in the collection system at the SSO location? Yes No NA NE

If Yes, when was the study completed and what actions did it recommend? _____

Has the line been smoke tested or videoed within the past year? Yes No NA NE

If Yes, when and what actions are necessary and the status of such actions: _____

Are there I/I related projects in your Capital Improvement Plan? Yes No NA NE

If Yes, explain: _____

Have there been any grant or loan applications for I/I reduction projects? Yes No NA NE

If Yes, explain: _____

Do you suspect any major sources of inflow or cross connections with storm sewers? Yes No NA NE

If Yes, explain: _____

Have all lines contacting surface waters in the SSO location and upstream been inspected recently? Yes No NA NE

If Yes, explain: _____

What other corrective actions are planned to prevent future I/I related SSOs at this location? _____

Comments: _____

Pump Station Equipment Failure (Documentation of testing records, etc should be provided upon request)

What kind of notification/alarm systems are present?

- Auto-dialer/telemetry (one-way communication) Yes
- Audible Yes
- Visual Yes
- SCADA (two-way communication) Yes
- Emergency Contact Signage Yes
- Other Yes

If Yes, explain: _____

Describe the equipment that failed: _____

What kind of situations trigger an alarm condition at this station (i.e. pump failure, power failure, high water, etc.)?

Were notification/alarm systems operable? Yes No NA NE

In no, explain: _____

If a pump failed, when was the last maintenance and/or inspection performed? _____

What specifically was checked/maintained? _____

If a valve failed, when was it last exercised? _____

Were all pumps set to alternate? Yes No NA NE

Did any pump show above normal run times prior to and during the SSO event? Yes No NA NE

Were adequate spare parts on hand to fix the equipment Yes No NA NE

Was a spare or portable pump immediately available? Yes No NA NE

If a float problem, when were the floats last tested? How? _____

If an auto-dialer or SCADA, when was the system last tested? How? _____

Comments: _____

Power outage (Documentation of testing, records, tec., should be provided of alternative power source upon request.)

What is your alternate power or pumping source? _____

Did it function properly? Yes No NA NE

Describe? _____

When was the alternate power or pumping source last tested under load? _____

If caused by a weather event, how much advance warning did you have and what actions were taken to prepare for the event?

Comments: _____

Vandalism

Provide police report number: _____

Was the site secured? Yes No NA NE

If Yes, how? _____

Have there been previous problems with vandalism at the SSO location? _____

If Yes, explain: _____

What security measures have been put in place to prevent similar occurrences in the future? Yes No NA NE

Comments: _____

Debris in line (Rocks, sticks, rags and other items not allowed in the collection system, etc.)

What type of debris has been found in the line? _____

Suspected cause or source of debris: _____

Are manholes in the area secure and intact? Yes No NA NE

When was the area last checked/cleaned? _____

Have cleaning and inspections ever been increased at this location due to previous problems with debris? Yes No NA NE

Explain: _____

Are appropriate educational materials being developed and distributed to prevent future similar occurrences? Yes No NA NE

Comments: _____

Other (Pictures and police report, as applicable, must be available upon request.)

Describe:

Were adequate equipment and resources available to fix the problem?

Yes No NA NE

If Yes, explain: _____

If the problem could not be immediately repaired, what actions were taken to lessen the impact of the SSO?

Yes No NA NE

Comments:

Pipe Failure (Break)

Pipe size (inches): _____

What is the pipe material: _____

What is the approximate age of the line/ pipe (years old): _____

Is this a gravity line? Yes No NA NE

Is this a force main line? Yes No NA NE

Is the line a "High Priority" line? Yes No NA NE

Last inspection date and findings: _____

If a force main then,

Was the break on the force main vertical? Yes No NA NE

Was the break on the force main horizontal? Yes No NA NE

Was the leak at the joint due to gasket failure ? Yes No NA NE

Was the leak at the joint due to split bell? Yes No NA NE

When was the last inspection or test of the nearest air-release valve to determine if operable? _____

When was the last maintenance of the air release performed? _____

If gravity sewer then,

Does the line receive flow from a force main immediately upstream of the failed section of pipe? Yes No NA NE

If yes, what measures are taken to control the hydrogen sulfide production? _____

When was the line last inspected or videoed? _____

If line collapsed, what is the condition of the lineup and downstream of the failure? _____

What type of repair was made? _____

If temporary, when is the permanent repair planned? _____

Have there been other failures of this line in the past five years? Yes No NA NE

If so, then describe

System Visitation

ORC Yes No
Backup Yes No

Name: _____

Certification Number: _____

Date visited: _____

Time visited: _____

How was the SSO remediated (i./e. Stopped and cleaned up)?

As a representative for the responsible party, I certify that the information contained in this report is true and accurate to the best of my knowledge.

Person submitting claim: _____

Date: _____

Signature: _____

Title: _____

Telephone Number:

Any additional information desired to be submitted should be sent to the appropriate Division Regional Office within five business days of first knowledge of the SSO with reference to the incident number (the incident number is only generated when electronic entry of this form is completed, if used).