## Regulatory Notifications Packet Guide To SSO Reporting Requirements

Internal Supervisor Contact Requirements:							
Supervisor contacts:	Business hours	After hours	When to contact?				
Environmental Services	209.577.6200	209.652.3334					
Wastewater Supervisor	209.577.6234	209.652.9506	A Supervisor must be				
Wastewater Supervisor	209.577.6287	209.652.7425	contacted when SSO is greater than 1,000 gals				
Wastewater Supervisor	209.577.6239	209.652.9069	and reaches surface				
Collection Sys Manager	209.577.6222	209.652.0326	waters				
Senior Operator on Duty	209.577.6225 or Nextel 607	209.652.8668					

Primary Reporting Summary Refer to Side B for contact information, timeframes and reporting procedures				
If the backup or SSO is:	Required action or contact:			
<ul> <li>50,000 gals or greater, and</li> <li>Results in a discharge to surface water or</li> <li>Discharged to a positive storm drain (not a rockwell or a detention basin) that was not fully recovered</li> </ul>	<ul> <li>California Emergency Management Agency (CalEMA) (800) 852-7550 Within 2 hours (made by Supervisor)</li> <li>Submit draft report into CIWQS within three (3) business days</li> <li>Certify CIWQS report within 15 days</li> <li>Conduct water quality monitoring within 48 hours</li> <li>Submit technical report within 45 days</li> </ul>			
<ul> <li>1,000 gal or greater, and</li> <li>Results in a discharge to surface water or</li> <li>Discharged to a positive storm drain (not a rockwell or a detention basin) that was not fully recovered</li> </ul>	<ul> <li>California Emergency Management Agency (<i>CalEMA</i>) (800) 852-7550 Within 2 hours</li> <li>Submit draft report into CIWQS within three (3) business days</li> <li>Certify CIWQS report within 15 days</li> </ul>			
<ul> <li>LESS than 1000 gal, but</li> <li>Reached surface water, or</li> <li>Discharged to a positive storm drain (is not a rockwell or a detention basin) that was not fully recovered</li> </ul>	Submit draft report into CIWQS within three (3) business days     Certify CIWQS report within 15 days			
<ul> <li>1,000 gals or greater, and</li> <li>NOT discharged to surface water or is not fully recovered, or</li> <li>Any discharge to rockwells and detention basins</li> </ul>	Submit draft report into CIWQS within three (3) business days     Certify CIWQS report within 15 days			
<ul> <li>LESS than 1,000 gals, AND</li> <li>NOT discharged to surface water or fully recovered, or</li> <li>Any discharge to rockwells and detention basins</li> </ul>	Submit certified report into CIWQS within 30 calendar days of the end of the month in which SSO occurred			
Was caused by problems with a private service lateral	Optional reporting into CIWQS			

# Persons authorized to perform regulatory reporting:

- Regulatory Compliance Administrator
- Wastewater Collections Supervisor
- Wastewater Collections Manager
- Deputy Director of Public Works

## Legally Responsible Official (LRO) authorized to electronically sign SWRCB online SSO reports:

Collection System Manager: Robert Englent

Business Phone: 209.577.6222
Cell Phone: 209.652.0326
Alternate: 209.577.6200

## **RN-2**

**Regulatory Notifications Packet** 

## **Sanitary Sewer Overflow Reporting Documentation**

SSO Two (2) Hour Notification/24-Hour Certification.
This does not replace the requirement to report to
CIWQS-SSO e-Reporting Program within 3 days of the spill.

CalEMA Telephone Number: 1-800-852-7550

### Important: \* = Required Field

1. (	CalEMA Control number*					
2. I	Date Reported: */	_I (mm/c	dd/yyyy	)		
3.	Time Reported: *::	(hh:mm)				
4. I	Reported By: *		_ Phon	e Number: * (	)	·
5. I	Reporting Sewer Agency: * <u>Cit</u>	y of Modesto				
6. I	Responsible Sewer Agency: *					
	Overflow Street Location/Comentered:* (e.g., drainage channel/st	•		•	•	
-						
(	Dity: *	ZIP Code: *		County	. *	
	,					
<u>SS(</u>	Description if information in	s not available, ple	ease inp	out 00:00 for time an	d 00 for gallons	S
8.	Overflow Start Estimate:	Date:*/_	/_	(mm/dd/yyyy)		
		Time:*	<u>:</u>	_(hh:mm)		
9.	Overflow End: Date:*	Date:*/_	/_	(mm/dd/yyyy)		
		Time:*:	·	_(hh:mm)		
10.	Estimated Overflow Flow Ra	ate: *			(gallons per	minute)
11.	Estimated Total Overflow Vo	olume:*			(gallons)	
12.	Overflow Volume Recovered					
13.	Person Completed:*					(mm/dd/yyyy)
	Official Title: *				<del>-</del>	
	Email:*					

## NOTICE OF SANITARY SEWER OVERFLOW

In accordance with California Health and Safety Code Section 5410 et. seq.

Overflow Street Location/Comments -ple channel/surface water entered)						
City: *	ZIP Code:	*		County: *		
SSO Description if information is not a	vailable, please	input 00:	00 for time a	and 00 for gallons		
		/		_ (mm/dd/yyyy)		
	Time:*	:	(hh:mm)			
Overflow End: Date:*	Date:*	/	/	_ (mm/dd/yyyy)		
	Time:*	:	(hh:	mm)		
Estimated Overflow Flow Rate: *					(gallons per r	minute)
					(gallons)	
Overflow Volume Recovered: *						
Person Completed:*						(mm/dd/yyyy)
Official Title: *				_ Phone Number *		
Email:*				Tir	ne spill was noti	ced:
Notifications:  Notified CalEMA						

### **Regulatory Notifications Packet**

### **Instructions to First Responder:**

- If SSO is greater than 1,000 gals AND reaches surface waters or is expected to reach surface waters, open packet and follow Internal Supervisor Contact Requirements
- 2. Hand this packet to the responding supervisor authorized to make regulatory notifications
- 3. Enter name and title of that individual on the front of the Sewer Backup or Sewer Overflow Response Envelope

#### **Instructions for Reporting Authority:**

- 1. Open this packet
- 2. Refer to the Guide to Reporting to Regulatory Authorities for instructions.

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