CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SAN DIEGO REGION

MONITORING AND REPORTING PROGRAM No.96-04

SANITARY SEWER OVERFLOW REPORTING PROCEDURES
FOR
SEWAGE COLLECTION AGENCIES

A. MONITORING PROVISIONS

1. Monitoring results must be reported on discharge monitoring report forms approved by the Executive Officer.

2. The discharger shall retain records of all monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation, copies of all reports required by this Order, and records of all data used to complete the application for this Order. Records shall be maintained for a minimum of five years from the date of the sample, measurement, report or application. This period may be extended during the course of any unresolved litigation regarding this discharge or when requested by the Regional Board Executive Officer

3. Records of monitoring information shall include:

   (a) The date, exact place, and time of sampling or measurements;
   (b) The individual(s) who performed the sampling or measurements;
   (c) The date(s) analyses were performed;
   (d) The individual(s) who performed the analyses;
   (e) The analytical techniques or method used; and
   (f) The results of such analyses.

4. All monitoring instruments and devices which are used by the discharger to fulfill the prescribed monitoring program shall be properly maintained and calibrated as necessary to ensure their continued accuracy.

5. The monitoring reports shall be signed by an authorized person as required by Reporting and Record Keeping Requirement C.7.

B. SANITARY SEWER OVERFLOW REPORTING

1. All dischargers of sewage that occur from the discharger's sanitary sewer system at any point upstream of the sewage treatment plant shall be reported to the Regional Board. A sanitary sewer overflow is any discharge from a sanitary sewer system at any point upstream of the sewage treatment plant. For the purpose of this Order, surface waters include Waters of the United States as defined in 40 CFR 122.2 such as navigable waters, rivers, streams (including ephemeral streams), lakes, playa lakes, natural ponds, bays, the Pacific Ocean, lagoons, estuaries, man-made canals, ditches, dry arroyos, mudflats, sandflats, wet meadows, wetlands, swamps, marshes, sloughs and water courses. Sanitary sewer overflows to storm drains tributary to Waters of the United States shall be reported as discharges to surface waters.

2. If the sanitary sewer overflow event results in a discharge of 1,000 gallons or more to surface waters the discharger shall:

   a) Report the sanitary sewer overflow event to the Regional Board by telephone, by voice mail, or by FAX within 24 hours from the time that 1) discharger has knowledge of the sanitary sewage overflow, 2) notification is possible, and 3) notification can be provided without substantially impeding cleanup or other emergency measures. Regional Board office hours are between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding state holidays. Regional Board voice mail and Fax machine are on-line 24 hours a day, 7 days a week.

   b) The information reported to the Regional Board in the initial telephone or FAX report shall include the name and phone number of the person reporting the sanitary sewer overflow, the responsible sanitary sewer system agency, the estimated total sewer overflow volume, the location, the receiving waters, whether or not the sewer overflow is still occurring at the time of the report, and confirmation that the local health services agency was or will be notified as required under the reporting requirements of the local health services agency.

c) Report the sanitary sewer overflow to the Office of Emergency Services (OES) in accordance with California Water Code Section 13271.

Office of Emergency Services
Phone (800) 825-7550
Use the Fax for follow-up only.
Fax (916) 262-1677

d) Complete the attached sanitary sewer overflow report form.

e) Submit the completed sanitary sewer overflow report form along with additional correspondence to the Regional Board no later than 5 days following the starting date of the sanitary sewer overflow. Additional correspondence and follow-up reports should be submitted, as necessary, to supplement the Sanitary Sewer Overflow Report Form to provide detailed information on cause, response, adverse effects, corrective actions, preventative measures, or other information.

f) Enter the data on a computer disk in the format described below for submission to the Regional Board at the end of the quarter.

3. If the sanitary sewer overflow does not result in a discharge to surface waters or is less than 1,000 gallons in volume, the discharger shall:

a) Not be required to report the sanitary sewer overflow to the Regional Board by telephone, by voice mail, or by FAX within 24 hours.

b) Enter the data on a computer disk in the format described below for submission to the Regional Board at the end of the quarter.

C. SANITARY SEWER OVERFLOW QUARTERLY SUMMARY REPORTS

1. An IBM-PC DOS compatible floppy disk containing the data described below on all sanitary sewer overflows for the quarter shall be submitted quarterly with a certification statement described in Reporting and Record Keeping Requirement C.7 of Order 96-04. The disk shall be labeled with the discharger's name, Monitoring and Reporting Program No.96-04, the quarter, the year, and the software format. The disk

shall be 3 1/2 inch, double sided, high density formatted for 1.44 MB. The information submitted shall be fully compatible with Microsoft EXCEL version 5.0. In order to safeguard the integrity of the information submitted on disk against errors caused by accidental changes, all information should be write protected. This can be done with Microsoft EXCEL version 5.0 by choosing "Protection" from Tools Menu, and choosing "Protect Sheet". If more than one sheet is created, protect every sheet with the same password. Any form of data protection may be used which will allow Regional Board staff to open the file and copy the data to a new file. This procedure will safeguard the integrity of information submitted on computer disk to the Regional Board. An EXCEL template of the database will be supplied.

Each sanitary sewer overflow shall be reported in a separate record in the file. Nonnumeric Data shall be entered in capital and lower case letters.

The required fields for each record shall be as follows:

Field Number	**DESCRIPTION**	**Excel Format Code**	**LENGTH**
1.	Sanitary Sewer Overflow Sequential Tracking Number. This number shall be assigned by each sanitary sewer collection agency for each sanitary sewer overflow. The first 3 digits will represent the State fiscal year from July through June. The next 3 digits will represent a unique sequential number assigned to each overflow. The first overflow for each agency in the 1996-97 fiscal year will be number 967001. The second overflow for each agency in the 1996-97 fiscal year	General	6

Field Number	DESCRIPTION	Excel Format Code	LENGTH
	will be number 967002.		
2.	If reported, name of the Regional Board staff contact who was notified of the sanitary sewer overflow or one of the following terms: VOICE MAIL and PHONE NUMBER, OR FAX.	General	20
3.	If reported, date and time reported to the Regional Board by phone or FAX.(MM/DD/YY HH:MM in military or 24 hour time)	Date/Time	14
4.	Name of a contact at the responsible sewer agency who has more information on the sanitary sewer overflow.	General	20
5.	Phone number where responsible sewer agency contact can be reached. Enter the area code and seven digits without separating parentheses or dashes.((###)###-####)	Custom	10
6.	Name of responsible sewer agency.	General	30
7.	Sanitary sewer overflow start date and time, estimated if necessary.	Date/Time	14

Field Number	DESCRIPTION	Excel Format Code	LENGTH
	(MM/DD/YY HH:MM in military or 24 hour time)		
8.	Sanitary sewer overflow end date and time. (MM/DD/YY HH:MM in military or 24 hour time)	Date/Time	14
9.	Total sanitary sewer overflow volume from the overflow start time to the overflow end time. (gallons)	General	13
10.	Volume of sewage recovered by the discharger. (gallons)	General	13
11.	Sanitary Sewer Overflow Location-- Street Address	General	30
12.	Sanitary Sewer Overflow Location--City	General	16
13.	Sanitary Sewer Overflow Location--County SD for San Diego RV for Riverside OR for Orange	General	2
14.	Sanitary Sewer Overflow Location--Zip Code	General	9
15.	Sanitary Sewer Overflow	General	30

Field Number	DESCRIPTION	Excel Format Code	LENGTH
	Structure I.D. (Type of structure where overflow occurred or which caused overflow.)		
16.	Number of Sanitary Sewer Overflows at this location in the past 12 months running.	General	3
17.	Sanitary Sewer Overflow Cause-- Short Description Use one of the following terms: Roots, Grease, Line Break, Infiltration, Rocks, Debris, Blockage, Vandalism, Flood Damage, Manhole Failure, Pump Station Failure, Power Failure, Construction, Other.	General	20
18.	Sanitary Sewer Overflow Cause -- Detailed Description of the cause.	General	248
19.	Sanitary Sewer Overflow Correction -- Description of all preventive and corrective measures taken or planned.	General	248
20.	Did the Sanitary Sewer Overflow reach surface waters? (Y or N)	General	1
21.	Did the Sanitary Sewer	General	1

Field Number	DESCRIPTION	Excel Format Code	LENGTH
	Overflow enter a storm drain? (Y or N)		
22.	Name or description of the initial receiving water. The initial receiving water is the surface water body which the sewage reaches first. This initial receiving water is the first bay, ocean, downstream canyon, or blue line stream shown on a USGS topographic map for the area of the discharge. All water body names must be spelled out. Abbreviations are not acceptable. If the sewage went to a storm drain, enter the name of the water body downstream of the storm drain. (If none, enter none)	General	30
23.	Name or description of the secondary receiving water(s). The secondary receiving water is the surface water(s) which the sewage reaches after the initial receiving water. This secondary receiving water is the bay, ocean, downstream canyon, or blue line stream shown on a USGS topographic map which the sewage reaches after the initial receiving water. All water body names must be spelled out. Abbreviations are not	General	30

Field Number	DESCRIPTION	Excel Format Code	LENGTH
	acceptable. (If none, enter none)		
24.	If the sanitary sewer overflow did not reach surface waters, describe the final destination of the sewage.	General	30
25.	Was the local health services agency notified? (Y or N)	General	1
26.	If the overflow to surface water was greater than or equal to 1,000 gallons, was the Office of Emergency Services (OES) notified? (Y or N) (If not applicable, enter NA)	General	2
27.	Were signs posted to warn of contamination? (Y or N)	General	1
28.	How many days were the warning signs posted?	General	3
29.	Remarks	General	90

2. A statement certifying that there were no sanitary sewer overflows for the quarter and the certification statement described in Reporting and Record Keeping Requirement C.7 of Order 96-04 may be submitted in lieu of a floppy disk.

D. SANITARY SEWER OVERFLOW SUMMARY REPORT SCHEDULE

1. Sanitary Sewer Overflow Summary Reports and certification statements shall be submitted to the Executive Officer in accordance with the following schedule:

Reporting Frequency	Report Period	Report Due
Quarterly	January - March	April 30
	April - June	July 30
	July - September	October 30
	October - December	January 30

The first quarterly summary report will be due October 30, 1996, for July - September,1996. Reports will be due quarterly thereafter.

2. Monitoring and Reporting Program No. 96-04 is effective as of May 9, 1996.

Ordered by:_____
John Robertus
Executive Officer

Dated:May 9, 1996