

Office of Environment, Health and Safety (EH&S) - Sanitary Sewer Overflow Incident Form (rev. 07/2016)

STEP 1 Immediately call EH&S at **(510) 642-3073** with the following details of the incident:

| | | |
|---|------------------------------|-----------------------------|
| Name of First Responder | | |
| Phone Number of First Responder | | |
| Location of Spill | | |
| Is the spill potentially greater than 1,000 gallons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the spill have the potential to reach a storm drain, catch basin or the creek? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

STEP 2 Note your arrival time at the scene (be exact!)

| | | |
|--------------------------|-------|-------|
| Date and Time of Arrival | Date: | Time: |
|--------------------------|-------|-------|

STEP 3 Contain and clean up the overflow. Notify parties if additional assistance is needed.

STEP 4 Record the spill end date and time.

| | | |
|-------------------------|-------|-------|
| Spill End Date and Time | Date: | Time: |
|-------------------------|-------|-------|

STEP 5 Fill in the rest of the form and return to EH&S before the end of your shift via one of the following methods:

| | | |
|---|-----------------------|------------------------------|
| Drop off Hard Copy 317 University Hall #1150 | Fax (510) 643-7595 | Email ehs-ep@berkeley.edu |
|---|-----------------------|------------------------------|

| Spill Volumes | | Recovered Spill Volumes | |
|--|---------|--|---------|
| Estimated spill volume that reached a separate storm drain that flows to a surface water body | gallons | Estimated spill volume recovered from the separate storm drain that flows to the surface water body (do not include water used for cleanup) | gallons |
| Estimated spill volume that reached a drainage channel that flows to a surface water body | gallons | Estimated spill volume recovered from a drainage channel that flows to a surface water body | gallons |
| Estimated spill volume discharged directly to a surface water body | gallons | Estimated spill volume recovered from surface water body | gallons |
| Estimated spill volume discharged to land (includes inside of buildings) | gallons | Estimated spill volume recovered from the discharge to land (do not include water used for cleanup) | gallons |
| Estimation Methodology for Spill Volume | | Estimation Methodology for Recovered Spill Volume: | |
| <input type="checkbox"/> Eyeball Estimate Method <input type="checkbox"/> Measured Volume Method <input type="checkbox"/> Duration and Flow Rate Method <input type="checkbox"/> Other (explain): | | <input type="checkbox"/> Eyeball Estimate Method <input type="checkbox"/> Measured Volume Method <input type="checkbox"/> Other (explain): | |

SPILL VOLUME ESTIMATION WORKSHEET

ALL SPILLS

Name of Estimator:

Picture taken? Yes No

Dimensions of spill (in ft. or paces):

Length _____ Width _____ Depth _____

Additional Notes and Documentation:

METHOD 1: EYEBALL ESTIMATE METHOD AND KICK THE BUCKET

Imagine amount of water that would spill from a bucket or a barrel. This method is only useful for spills up to 100 gallons.

| Size of bucket(s) or barrel(s) | How many of this | Multiplier | Total Volume Estimated |
|--------------------------------|------------------|------------|------------------------|
| 1 gal water jug | | x 1 | |
| 5 gallon bucket | | x 5 | |
| 32 gallon trash can | | x 32 | |
| 55 gallon drum | | x 55 | |
| Total Volume of Spill | | | |

| Size of bucket(s) or barrel(s) | How many of this | Multiplier | Total Volume Estimated |
|--------------------------------|------------------|------------|------------------------|
| 1 gal water jug | | x 1 | |
| 5 gallon bucket | | x 5 | |
| 32 gallon trash can | | x 32 | |
| 55 gallon drum | | x 55 | |
| Total Volume Recovered | | | |

METHOD 2: ESTIMATING VOLUME BASED ON SPILL DIMENSIONS

If not raining, the shape, dimensions and depth of the spill may be used to estimate the volume.

Rectangle: Area = (length) x (width)

Circle: Area = (diameter) x (diameter) x 0.785

Triangle: Area = (base) x (height) x 0.5

Sketch spill with dimensions and calculate average depth.

Multiply (area) x (depth) to get volume

Multiple (volume) x (7.5) to convert to gallons

METHOD 3: DURATION AND FLOW RATE

| | |
|--|--------|
| Start Date and Time | Line 1 |
| End Date and Time | Line 2 |
| Total time elapsed of overflow (Subtract line 1 from line 2. Show time in minutes) | Line 3 |
| Average flow rate GPM | Line 4 |
| Total volume estimated (multiply line 3 and line 4) | Line 5 |

SPILL DETAILS

| | | |
|---|--|--|
| Spill Appearance Point <i>(Select all that apply.)</i> | <input type="checkbox"/> Forced Main <input type="checkbox"/> Gravity Mainline <input type="checkbox"/> Inside Building or Structure <input type="checkbox"/> Lateral Clean Out | <input type="checkbox"/> Lateral <input type="checkbox"/> Manhole <input type="checkbox"/> Pump Station <input type="checkbox"/> Other (specify): |
| Final Spill Destination <i>(Select all that apply.)</i> | <input type="checkbox"/> Building or Structure <input type="checkbox"/> Drainage Channel <input type="checkbox"/> Paved Surface <input type="checkbox"/> Storm Drain | <input type="checkbox"/> Street/Curb and Gutter <input type="checkbox"/> Surface Water <input type="checkbox"/> Unpaved Surface <input type="checkbox"/> Other (specify): |
| Estimated Spill Start Date/Time | Date: | Time: |
| Spill Cause | <input type="checkbox"/> Air Relief Valve (ARV) / Blow-Off Valve (BOV) Failure <input type="checkbox"/> Construction Diversion Failure <input type="checkbox"/> UCB Staff Caused Spill or Damage <input type="checkbox"/> Damage by Other Not Related to UCB Construction / Maintenance (specify): <input type="checkbox"/> Debris from Construction <input type="checkbox"/> Debris from Lateral <input type="checkbox"/> Debris – General <input type="checkbox"/> Debris – Rags <input type="checkbox"/> Flow Exceeded Capacity <input type="checkbox"/> Grease Deposition (FOG) <input type="checkbox"/> Inappropriate Discharge to System | <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Non-Dispersables <input type="checkbox"/> Operator Error <input type="checkbox"/> Pipe Structural Problem / Failure <input type="checkbox"/> Pipe Structural Problem / Failure – Installation <input type="checkbox"/> Pump Station Failure – Controls <input type="checkbox"/> Pump Station Failure – Mechanical <input type="checkbox"/> Pump Station Failure – Power <input type="checkbox"/> Rainfall Exceeded Design <input type="checkbox"/> Root Intrusion <input type="checkbox"/> Siphon Failure <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (specify below) |
| Explanation of Where Failure Occurred | | |
| Was Spill Cause determined by a CCTV inspection? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Where did the failure occur? | <input type="checkbox"/> Air Relief Valve (ARV) / Blow-Off Valve (BOV) <input type="checkbox"/> Force Main <input type="checkbox"/> Gravity Mainline <input type="checkbox"/> Lateral <input type="checkbox"/> Manhole | <input type="checkbox"/> Pump Station - Controls <input type="checkbox"/> Pump Station – Mechanical <input type="checkbox"/> Pump Station – Power <input type="checkbox"/> Siphon <input type="checkbox"/> Other (specify): |
| Spill Response Activities | <input type="checkbox"/> Cleaned up <input type="checkbox"/> Mitigated Effects of Spill <input type="checkbox"/> Contained all or portion of spill <input type="checkbox"/> Restored flow <input type="checkbox"/> Returned all spill to sanitary sewer system | <input type="checkbox"/> Returned portion of spill to sanitary sewer system <input type="checkbox"/> Property Owner/Building Occupants Notified <input type="checkbox"/> Other enforcement agency notified |
| Spill Response Completion Date and Time | Date: | Time: |

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| | | |
|---|---|--|
| Spill Corrective Action Taken | <input type="checkbox"/> Added sewer to preventative maintenance program <input type="checkbox"/> Adjusted schedule/method of preventative maintenance <input type="checkbox"/> Enforcement action against source <input type="checkbox"/> Inspected sewer using CCTV to determine cause | <input type="checkbox"/> Plan rehabilitation or replacement of sewer <input type="checkbox"/> Repaired facilities or replaced defect <input type="checkbox"/> Other (specify): |
| Is there an on-going investigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reason for on-going investigation | | |
| Name of impacted surface waters | <input type="checkbox"/> Strawberry Creek <input type="checkbox"/> Meeker Slough <input type="checkbox"/> Codornices Creek | <input type="checkbox"/> Not applicable – no impacted surface water <input type="checkbox"/> Other (specify): |
| Was spill associated with a storm event? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

RESPONSE CREW (List all names along with their department or company)

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CALL CENTER INFORMATION

| | | |
|---|-------|--------|
| Date and Time UC Berkeley operations/maintenance staff or EH&S was first notified of or discovered spill | Date: | Time: |
| Complainant Information | Name: | Phone: |

Attach any work orders if available to the Incident Form.

| FOR THE OFFICE OF ENVIRONMENT, HEALTH & SAFETY (EH&S) STAFF USE ONLY: | | |
|--|--|------------|
| Coordinates of Spill | Latitude: | Longitude: |
| Diameter of sewer pipe at point of blockage or failure (optional) | | |
| Material of sewer pipe at the point of blockage or failure (optional) | | |
| Estimated age of sewer asset at the point of blockage or failure (in years) (optional) | | |
| Visual inspection results from impacted receiving water | | |
| Health warnings posted | | |
| Water quality samples analyzed for | <input type="checkbox"/> Dissolved Oxygen <input type="checkbox"/> Other chemical indicators (specify) <input type="checkbox"/> Biological indicators (specify) <input type="checkbox"/> No water quality samples taken | |
| Explanation of water quality samples analyzed for | | |
| Water quality sample results reported to | <input type="checkbox"/> County Health Agency <input type="checkbox"/> Regional Water Quality Control Board <input type="checkbox"/> Other (specify) <input type="checkbox"/> No water quality samples taken <input type="checkbox"/> Not applicable to this spill | |
| Cal Office of Emergency Services Control Number (if applicable) | | |
| Cal Office of Emergency Services Called Date/Time (if applicable) | Date: | Time: |

INTERNAL STAFF REMINDERS

| | |
|---|--|
| <p>Category 1: Submit Draft report within 3 business days of becoming aware of the SSO and certify within 15 calendar days of SSO end date.</p> <p>Category 2: Submit Draft report within 3 business days of becoming aware of the SSO and certify within 15 days of SSO end date.</p> <p>Category 3: Submit certified report within 30 calendar days of the end of the month in which SSO occurred.</p> | Draft Due: |
| | Certification Due: |
| | <input type="checkbox"/> Create bCal event reminder for reporting Date Set: |