READ ME FIRST:

<u>ALWAYS</u> document regulatory reporting using RN-4: SSO 2-Hour Notification/24-Hour Certification Worksheet, regardless if the reporting is done during business hours or after hours.

Primary Reporting Summary Refer to Side B for contact information, timeframes and reporting procedures				
If the backup or SSO: Then contact:				
 1,000 gal, and/or Results in a discharge into a drainage channel or a surface water, and/or Discharged to a storm drain and was not fully recovered 	Governor's Office of Emergency Services State Water Resources Control Board			
Reached surface water	 All of the above plus Fish and Game U.S. Coast Guard (only if it reached ocean)			
Required posting of public warning signs, and/orResults in a discharge into a drainage channel or a surface water	County Health Department			
Was caused by problems with a private service lateral	Optional reporting to Regional Water Quality Control Board and State Water Resources Control Board			
All SSOs & Backups due to failure in public sewer	State Water Resources Control Board			

Persons authorized to perform regulatory reporting:

- Assistant Wastewater Superintendent
- Collections System Manager
- Director of Wastewater
- •

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

Assistant Wastewater Superintendent

Additional External Notifications:							
Report to:	Business hours	After hours	Trigger for reporting:				
Bruce Carey, Claims Examiner, ABAG Plan Corporation	510.464.7946	209.988.5609	SSO's impacting private property that may be due to a failure in the City				
If you do not receive a call back from	sewer or any SSO where the City						
Angela Salsbury, Claims Manager ABAG Plan Corporation	510.464.7954	510.759.2896 510.282.2324	believes a claim for damages may be submitted against the City.				

Regulatory Notifications Packet Guide to Reporting to Regulatory Authorities



Primary Reporting Agency Contact Information and Procedures:

Regulatory Agency	Contact Information	Report if Backup or Overflow meets any of the following conditions	Timeframe				
California Emergency Management Agency (CalEMA)	Telephone: 800-852-7550	Results in a discharge into a drainage channel or a surface water, and/or Discharged to a storm drain & not fully recovered (regardless of volume)	Within 2 hours of becoming aware of the discharge				
		• 1,000 gallons	Immediate reporting required as soon as practical				
County Health Department San Mateo County Environmental Health Program	ment 650.372.6200 a surface water eo County nental Health Program Fax:		Immediate reporting required (within 2 hours of becoming aware of the discharge)				
Notify County Health Department of the known details of the SSO using RN-3	650.627.8244	Required Posting of Public Warning Signs	Immediate reporting required as soon as practical				
CA Dept. of Fish & Game Spill Prevention & Response	Fairfield Field Office 707.864.4900 General Information 916.445.9338	Reached surface water	Immediate reporting required as soon as practical				
U.S. Coast Guard Watch Office	510.437.3073	Spills that enter San Francisco Bay	Immediate reporting required as soon as practical				
Refer to Side A for additional reporting requirements, if any.							
	OPTIONA	L REPORTING					
Regional Water Quality Control Board: San Francisco Bay RWQCB	Main Telephone: 510.622.2300 Main Fax:	Consider reporting spills that impact the Bay or other water bodies.	Consider immediate notification of the SFRWQCB based on size of the spill and extent of potential				
Notify the Regional Water Quality Control Board of the known details of the SSO using RN-2 as a guide.	510.622.2460 City Contact: Michael Chee		impacts to water bodies.				

Important: * = Required Field

RN-2

REPORTING TO THE SFRWQCB IS OPTIONAL

SAN FRANCISCO RWQCB

Category 1 SSO Two (2) Hour Notification/24-Hour Certification.

This does not replace the requirement to report to

CIWQS-SSO eReporting Program within 3 days of the spill.

CalEMA (formerly OES) Telephone Number: 1-800-852-7550

1. CalEMA Control number* 2. Method of 2hr/24hr Report to Regional Board. Check all that apply. __ Fax (510.622.2460) __ Voice Mail (510.622.2369) __ Staff Contacted: _____ 3. Date Reported: * _____I____ (mm/dd/yyyy) 4. Time Reported: * _____:___(hh:mm) Phone Number: * () -5. Reported By: * 6. Reporting Sewer Agency: * 7. Responsible Sewer Agency: * 8. Overflow Street Location/Comments -please indicate the spill cause, sources, and final spill destination entered:* (e.g., drainage channel/surface water entered) City: * ZIP Code: * County: * SSO Description if information is not available, please input 00:00 for time and 00 for gallons 9 Overflow Start Estimate: * Date:* ____/___ (mm/dd/yyyy) Time:* ______(hh:mm) Date:* / / (mm/dd/yyyy) Overflow End: Date:* Time:* : (hh:mm) (gallons per minute) 11. Estimated Overflow Flow Rate: * Estimated Total Overflow Volume:* _____ (gallons) (gallons) Overflow Volume Recovered: * 14. Person Completed:* Date: / / (mm/dd/yyyy) Official Title: * Phone Number: * Email:* * Date: / / (mm/dd/yyyy) 15. When Did You Notify Your Local Health Department?: * Time: : (hh:mm)

City of Pacifica SSO/Backup Response Plan

Regulatory Notifications Packet IMMEDIATE REPORTING BY FAX to Local Health Agency

RN-3

TO:					FROM:			
San Mateo Co	unty Environmer	ntal Health			City of Paci	ifica		
Fax: 65	0.627.8244			•	Fax:			
Telephone: 65	0.372.6200				Telephone:			
Re:				ı				
					DATE:			
				•	# of Pages:			
□ URGENT	□ FOR RE	VIEW [□ PLEAS	SE C	COMMENT	Ε] PLEASE	REPLY
NOTICE OF SANITARY SEWER OVERFLOW In accordance with California Health and Safety Code Section 5410 et. seq. Overflow Street Location/Comments -please indicate the spill cause, sources, and final spill destination entered:* (e.g., drainage channel/surface water entered)								
City: *		ZIP Code: *			County:	. *		
SSO Description if	information is not availa	able, please input (00:00 for tin	ne ar	nd 00 for gallons			
Overflow Start Estim		Date:*/_			_			
		Time:*:_	(hh:m	nm)				
Overflow End: Date:	*	Date:*/_	/		(mm/dd/yyyy)			
		Time:*	:((hh:m	nm)			
Estimated Overflow	Flow Rate: *					(gallons per m	inute)
Estimated Total Ove	rflow Volume:*					(gallons)	
Overflow Volume Re	ecovered: *					(gallons)	
Person Completed:*					Date:/		/	(mm/dd/yyyy)
Official Title:	*				Phone Number	*		
	Email:*					Time s	spill was notice	ed:
Notifications:	Notified Regional Wate Notified Office of Emer		Board					

RN-4

PART A - SSO NOTIFICATION/CERTIFICATION

SS	SO Description
Lo	cation of SSO:
	ainage channel/surface water entered:
Su	spected cause and source(s):
Es	timated rate of flow, gal/min:
Es	timated volume, gallons:
Sta	atus of response:
То	tal amount recovered:
SS	SO Notification
Na	me of person making 2-Hr Notification:
>	Date notification made:
>	CalEMA (formerly OES) - Phone Number: 800.852.7550
	Time called: OES Control number:
>	San Mateo County Health Department Phone Number: 650.372.6200
	Time called:
	Spoke to or □ Left voicemail message or □ Faxed notification
>	RWQCB Phone Number: 510.622.2333 or 510.622.2369 OPTIONAL REPORTING
	Provide CalEMA Control No.; times CalEMA & Health Dept. called, and SSO description.
	Time called:
	Spoke to or □ Left voicemail message
SS	6O 24-hour Certification
	Date certification made: Time called:
	Name of person making 24-Hr Certification:
	PART B ADDITIONAL NOTIFICATIONS
1.	AGENCY: Time called:
	Spoke to or ☐ Left voicemail message
2.	AGENCY: Time called:
	Snoke to or □ Left voicemail message

Instructions to First Responder:

- 1. Hand this packet to the person responsible for and authorized to make regulatory notifications.
- 2. 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.

Contents:

Form	Page Number
Guide To Reporting To Regulatory Authorities	RN-1
Fax Reporting Form: to Water Board	2
Fax Reporting Form: to Local Health Agency .	3
SSO 2-Hour Notification/24-Hour Certification	Worksheet4

Print on 6"x9" envelope