



13. Nature of sewage (*check one*)  Untreated  Partially Treated  Treated
14. Estimated quantity of sewage spilled (in gallons): \_\_\_\_\_ Estimated quantity recovered: \_\_\_\_\_
15. Clean-up, mitigation actions taken at spill: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
16. Corrective/preventative action(s) taken to prevent reoccurrence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
17. Comments/discussion: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Notified Utilities Superintendent  yes \_\_\_\_\_  
 Date/Time/By

**Note:** Please submit this SSO report to the Compliance Officer no later than 24 hours after identification of a spill except for situations involving discharge into a drainage channel or surface water, which require immediate notification of the Compliance Officer.

Completed by: \_\_\_\_\_

*I certify that the above information is true and accurate.*

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE COMPLIANCE OFFICER**

19. Notified Guy Childs at Central Valley Regional Water Quality Control Board, (916) 464-4648 or (916) 255-3000. A follow up spill report is required within 14 days.  
 faxed to 916-464-4780  
 by telephone \_\_\_\_\_  
 Date/Time/By
20. If spill reached drainage channel or surface water, notified the Lake County Environmental Health Department, 263-1164 within 2 hours of becoming aware of spill.  
 faxed to 263-1681  
 by telephone \_\_\_\_\_  
 Date/Time/By

21. Notified State Office of Emergency Services (OES), 800-852-7550, within 2 hours of becoming aware of spill.

yes     no \_\_\_\_\_  
Date/Time/By

22. Were pictures taken?  yes  no (*If yes, attach copies*)    OES Control No.: \_\_\_\_\_

**Note:** Spills shall be reported to the Central Valley Regional Water Quality Control Board, State OES, and the Lake County Environmental Health Department, if determined necessary by the Compliance Officer. Such determination will be based on established requirements issued by the SWRCB and RWQB.

Completed by: \_\_\_\_\_

*I certify that the above information is true and accurate.*

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

cc: OES, if notified per No. 9 and/or 10 above  
Lake County Environmental Health