Attachment 5 to Order No. 96-50

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD
SANITARY SEWER OVERFLOW REPORT FORM 5 / 9 / 96

1. SANITARY SEWER OVERFLOWS SEQUENTIAL TRACKING NUMBER: OES (800-852-7550) Tracking 15-3432 Mike Pace

2. REPORTED TO: **Joann Lim** (Fax)
3. DATE REPORTED: **6/17/2015** (MM/DD/YY)
TIME REPORTED: **1600** (MILITARY OR 24 HOUR TIME)

4. REPORTED BY: **Steve Smullen** 5. PHONE: **(619) 6 6 2 -7 6 0 0**

6. RESPONSIBLE SEWER AGENCY: Comision Estatal de Servicios Publicos de Tijuana (CESPT)

7. OVERFLOW START: DATE: **06/17/15** (MM/DD/YY)
TIME: **1200** (MILITARY OR 24-HOUR TIME)

8. OVERFLOW END: DATE: **06/17/15** (MM/DD/YY)
TIME: **1300** (MILITARY OR 24-HOUR TIME)

9. TOTAL OVERFLOW VOLUME: **Est. 47,600 gallons**

10. OVERFLOW VOLUME RECOVERED: **None** (Gallons)

SANITARY SEWER OVERFLOW LOCATION:

11. STREET: **Tijuana River at the International Border** 12. CITY: **San Diego, California**

13. COUNTY: **San Diego** 14. ZIP CODE: **92173**

15. SANITARY SEWER OVERFLOW STRUCTURE I.D.: **Tijuana River**

16. NUMBER OF OVERFLOWS AT THIS LOCATION IN PAST 12 MONTHS: **3**

17. OVERFLOW CAUSE -- SHORT DESCRIPTION -- CIRCLE ONE

ROOTS	GREASE	LINE BREAK	INFILTRATION
ROCKS	BLOCKAGE	[X] POWER FAILURE	PUMP STATION FAILURE
DEBRIS	VANDALISM	FLOOD DAMAGE	MANHOLE FAILURE
	OTHER	CONSTRUCTION	

18. OVERFLOW CAUSE – DETAILED DESCRIPTION OF CAUSE
Electrical failure at Pump Station CILA, partial pumping shutdown to repair resulted in overflow into US.

19. SANITARY SEWER OVERFLOW CORRECTION- DESCRIPTION OF ALL PREVENTATIVE AND CORRECTIVE MEASURES TAKEN OR PLANNED.

Overflow did not reach the IBWC gage downstream of the international border, was absorbed by riverbed shortly after entering US.

INITIAL AND SECONDARY RECEIVING WATERS:

20. DID THE SANITARY SEWER OVERFLOW REACH SURFACE WATERS? **Y** (Y or N)

21. DID THE SANITARY SEWER OVERFLOW ENTER A STORM DRAIN? **N** (Y or N)

22. NAMES OR DESCRIPTION OF INITIAL RECEIVING WATERS: **Tijuana River**

23. NAMES OR DESCRIPTION OF SECONDARY RECEIVING WATERS: **Tijuana River**

24. IF THE SANITARY SEWER OVERFLOW DID NOT REACH SURFACE WATERS, DESCRIBE THE FINAL DESTINATION OF SEWAGE.

NOTIFICATION:

25. WAS THE LOCAL HEALTH SERVICES AGENCY NOTIFIED? **Y** (Y or N)

26. IF THE OVERFLOW WAS OVER 1,000 GALLONS TO SURFACE WATER, WAS THE OFFICE OF EMERGENCY SERVICES (OES) NOTIFIED? **Y** (Y or N) (NOT APPLICABLE, ENTER NA)

AFFECTED AREA POSTING:

27. WERE SIGNS POSTED TO WARN OF CONTAMINATION? **N** (Y or N)

28. HOW MANY DAYS WERE THE WARNING SIGNS POSTED? **N/A**

NOTE: IF THE SANITARY SEWAGE OVERFLOW EVENT RESULTS IN A DISCHARGE OF MORE THAN 1,000 GALLONS TO SURFACE WATERS, THIS FORM MUST BE RECEIVED BY THE REGIONAL BOARD NO LATER THAN FIVE DAYS AFTER THE OVERFLOW START DATE.

The following certification must be completed with the five-day notice:

I swear under penalty of perjury that the information submitted in this document is true and correct. I certify under penalty of perjury that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information; I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Steven J. Smullen
Area Operations Manager
Date: 06/17/15