Transboundary Spill NPDES CA0108928 Order No. R9-2014-0009, Amended by R9-2014-0094

Type ____A __x___ B **(CAL OES 1-800-852-7550)**

Name of Person Reporting Spill__ Steven Smullen_____

Telephone No. of Person Reporting_____619-662-7601 _____

Spill Location/Name_____Tijuana River at the International Boundary_____

GPS Coordinates_32.32.30 N, 117.2.18 W_____

Spill Reached: ____Drainage Channel ___Drainage Structure __x__Surface Water

Spill Reached: ____MS4 MS4 Owner_____

Vol Spill to MS4_____**Vol Recovered from MS4**_____

Estimate Spill Volume from All Sources___0.411 million gallons (MG)_____

Volume That Reached: Surface Water, Drainage Channel, Not Recovered from MS4___0.411 MG___

Total Recovered Volume_____0_____

Number of Spill Appearance Points ___1_____

Appearance Descriptions_____Slightly cloudy water _____

Spill Flow: Start Date 08/17/17___**Start Time** __0015_____

Notification: Date ____08/17/17_____ **Time** ___0530____

Operator Arrival: Date __08/17/17_____ **Time** __0245_____

Spill Flow: End Date ___08/17/17____**End Time**___0245_____

Cleanup Completed: Date __N/A_____ **Time**_____

Probable Cause of Spill __Clogged intake screens at Pump Station CILA in Mexico.

Notification of CAL OES Date___08/17/17_____ **Time** _838 am_____

CAL OES Control Number 17- 5913_____

Description of Spill Flow Destination ____Tijuana River Channel _____

Spill Flow Cause _____Clogged intake screens at river Diversion Pump Station CILA in Mexico___

Spill Flow Failure Point CILA Pump Station___

Spill Flow Storm Event ___N/A____

Spill Corrective Actions_____None_____

Spill Flow Response Actions _____None_____

Spill Flow Completion Date___08/17/17_____

Investigation _____N/A____ **Reasons** _____ **Completion Date**_____

Health Warnings Posted _____ Yes ___x____No

Name of Beaches Impacted: _____None____**Surface Water Impacted:** ____Tijuana River _____

Location and No. Of Samples Collected (Type A) _____N/A_____ **Number**_____

Parameters Tested_____N/A_____

Regulatory Agencies Receiving Results _____N/A_____

Methodology for Spill Volume Estimate _____Calculated from 15 min gage data USIBWC gage_____

Amount of Spill Recovered _____None_____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Certifying Official _Steven Smullen____**Title**_Area Operations Manager___ **Date** __8/24/17_____

Signature _____

Spill Aug 17, 2017 Tijuana River

Date	Time	Gage Height (m)	Flow (CMS)	Flow (MG)
8/17/2017	2:45	11.962	0.04	0.00951
8/17/2017	2:30	11.962	0.04	0.00951
8/17/2017	2:15	11.966	0.1	0.02378
8/17/2017	2:00	11.969	0.14	0.03329
8/17/2017	1:45	11.973	0.19	0.04517
8/17/2017	1:30	11.973	0.19	0.04517
8/17/2017	1:15	11.977	0.25	0.05944
8/17/2017	1:00	11.977	0.25	0.05944
8/17/2017	0:45	11.977	0.25	0.05944
8/17/2017	0:30	11.969	0.14	0.03329
8/17/2017	0:15	11.969	0.14	0.03329

0.41132 MG