SANITARY SEWER SYSTEMS GENERAL ORDER ORDER 2022-0103-DWQ

GUIDANCE FOR MONTHLY REPORTING CATEGORY 3 SPILLS IN THE CALIFORNIA INTEGRATED WATER QUALITY SYSTEM (CIWQS)



Last Revised: April 2024

Monthly Certified Spill Reporting for Category 3 Spills in the Online California Integrated Water Quality System (CIWQS) Sanitary Sewer System Database

Per Attachment E1, Section 3 of General Order 2022-0103-DWQ, the Enrollee must submit all spill reports electronically to the online CIWQS Sanitary Sewer System Database (https://ciwqs.waterboards.ca.gov), unless specified otherwise. Electronic spill reporting may be solely completed by a Legally Responsible Official (who has the authority to enter data and certify spill reports) or data may be entered by Data Submitter(s) previously designated by the Legally Responsible Official, per Section 5.8 (Designation of Data Submitters), and then certified by the Legally Responsible Official.

Attachment E2, Table E2-3 of the General Order provides a summary of the notification, monitoring, and reporting requirements for Category 3 spills. Below is a snapshot of Table E2-3 for your convenience:

Table E2-3 Spill Category 3: Spills of Equal or Greater than 50 Gallons and Less than 1,000 Gallons That Does Not Discharge to Surface Waters									
Spill Requirements	Due	Method							
Notification	Not Applicable	Not Applicable							
Monitoring	Conduct spill-specific monitoring.	(Section 2 of Attachment E1)							
Reporting	 Submit monthly Certified Spill Report to the online CIWQS Sanitary Sewer System Database within 30 calendars days after the end of the month in which the spills occur; and Submit Amended Spill Reports within 90 calendar days after the Certified Spill Report due date. 	(Section 3.3 and 3.5 of Attachment E1)							

To Report a Category 3 Spill:

1. Log into the CIWQS website at:

https://ciwqs.waterboards.ca.gov/

2. Enter in your user account information and click on the "Login" button.

User ID:
Password:
Login User Registration SMARTS URL
Forgot your password? Reset your password here
Forgot your User ID? Get your User ID here
Conditions of Use Privacy Policy
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NOTE: Sharing user account information amongst staff is prohibited. CIWQS may remove all reports certified by incorrect users.

3. Once logged into your personal CIWQS user account, click on the "Sanitary Sewer Systems" link under the Main Menu.



NOTE: If you represent more than one sanitary sewer system, from the dropdown menu, select the applicable sanitary sewer system. Click on the "Continue" button.

Sanitary Sewer Sy	stems 원
Select a sanitary sewer system	
	© 2023 State of California. Conditions of Use Privacy Policy

4. Click on the "New Spill Report" link.

	New Enrollee Initial Annual Report
	An Enrollee that obtains coverage under Order 2022-0103-DWQ after June 5, 2023 shall complete and submit its first certified Annual Report within 30 days of obtaining a
	CIWQS account; All subsequent Annual Reports are due by April 1 of each year.
	Continuing Enrollee Annual Report
	Continuing Enrollees: Complete and submit the Annual Report covering the previous calendar year by April 1, of each year.
	Sewer System Management Plan Upload 2
	Plan updates are due within every six years after the last Plan update due date.
	New Enrollees: The Plan shall be uploaded and certified within 12 months of the Application for Enrollment approval date. This establishes the last Plan update due date.
	Continuing Enrollees: The last Plan update due date was established under the 2006 Order. All subsequent Plan updates are due within every six years
	New Spill Report ?
-	Submit individual spill reports for Category 1, Category 2 and Category 3 spill events.
•	Privately-Owned Sewer Laterals and/or Private Systems Spill Report (Voluntary) ?
	Voluntarily report spills from a private sewer lateral or private sanitary sewer system that is not owned/operated by the Enrollee.
	Existing Spill Reports ?
1	/iew, update and/or amend a previously reported spill.
•]	Monthly Certification of "No-Spills" or "Category 4 Spills" and/or "Non-Category 1 Enrollee-owned Lateral Spills"
	Within 30 calendar days after the end of each calendar month, certify either (1) no spills occurred during a calendar month or (2) only Category 4, and/or
1	nrollee-owned and/or operated lateral spills (that do not discharge to a surface water) occurred during a calendar month.
	/lew Spill Incident Map - Public Sewer Systems (Not Site Specific) ?
	The data displayed in this map represents spill reports. for individual locations, where sewage was discharged from a sanitary sewer system enrolled under
1	he Statewide Sanitary Sewer Systems General Order. It does not include Category 4 spills.
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You will be directed to a new screen titled "**Sanitary Sewer Systems General Order – Spill Category Determination**", where you answer specific questions and based on the answers, the system will take you to the appropriate spill category screen (i.e., Category 1, Category 2, or Category 3).

anitary Sewer System	s General Order – Spill Categ	Jory Determination	Back to Sanitary Sewer Systems Main Me
egional Board:	Region 5S - Sacramento	WDID:	5SSO10000
Start Over Note: Use th 1. Was the sewage spill fi per your Enrollee WDID	is button to start over, do not click t om or caused by a sanitary sewer syste number (including an Enrollee owned a	he browser's back button. em regulated under the Sanitary nd/or operated lateral(s))?	Sewer Systems General Order Select 🗸

Figure 1. The Spill Category Determination Flow Chart below illustrates how the spill category is determined.



Figure 1. Spill Category Determination Flow Chart

5. If the answers to the Spill Category Determination questions correspond to a Category 3 spill, you will be directed to the "Monthly Certified Spill Reporting for Category 3 Spills" screen. Enter the required information as specified below on the monthly certified spill reporting screen.

all General Info Attachments Certification	
Monthly Certin	fied Spill Reporting for Category 3 Spills ar days after the end of the month in which the spill occurred.
Save Work in Progress Ready to Certify	
Please Note: • If you have entered all required information and have the report ready to certify, please • Reports cannot be certified unless the "Ready to Certify" button is clicked first.	click on the "Ready to Certify",
*1. Name of Enrollee contact person to respond to spill-specific questions:	
*1.a. Telephone number of Enrollee contact person to respond to spill-specific questions:	
*2. Spill Location Name:	
*3. Date and time the Enrollee was notified of, or self-discovered, the spill:	
*4. Operator arrival time:	0
*5. Estimated spill start date and time:	
*6. Description, photographs, and GPS coordinates of the system location where the spill originated: If a single spill event results in multiple appearance points, provide GPS coordinates for the appearance point closest to the failure point and describe each additional appearance point in the spill appearance point explanation field: Submit photographs under the Attachments tab	(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
*6.a. Lattitude:	decimal degrees [Show Map]
*6.b. Longitude:	decimal degrees [Show Map]

NOTE: After completing questions 1, 1.a, 2, 6a, and 6b, you can save your work in progress by clicking on the "Save Work in Progress" button. A green banner stating "Changes saved successfully" will appear below the report tabs when the minimum required fields have been completed and you can navigate away from the tab with your work saved.

Monthly Certified Spill Reporting for Category 3 Spills

1. Name of Enrollee contact person to respond to spill-specific questions:

Enter the name of the Enrollee contact person in the text box. The contact person is responsible for answering spill-specific questions.

1a. Telephone number of Enrollee contact person to respond to spill-specific questions:

Enter the telephone number of the Enrollee contact person. Enter only numbers; the system will display the entry in (XXX) XXX-XXXX format. Staff will use the telephone number to contact the contact person if necessary.

*1. Name of Enrollee contact person to respond to spill-specific questions:	
*1.a. Telephone number of Enrollee contact person to respond to spill-specific questions:	

2. Spill location name:

Enter the name of the location where the spill occurred in the "Spill Location Name" text box. This entry may be a general descriptor of the spill location (e.g., street address, intersection, manhole number, or any other identification you wish to use).

*2. Spill Location Name:	
--------------------------	--

3. Date and time the Enrollee was notified of, or self-discovered, the spill:

Use the calendar icon to select the date and time or manually enter date and time when your agency was notified or discovered the spill. Make sure the time is entered in a 24-hour clock format. The notified date and time must be the same or later than the estimated spill start date and time.

*3. Date and time the Enrollee was notified of, or self-discovered, the spill:						۵)	-
*4. Operator arrival time:	0		Sept	embe	r 202	3	0	
*5. Estimated spill start date and time:	s	м	т	w	т	F	s	
•							2	
6. Description, photographs, and GPS coordinates of the system location where the spill	3	4	5	6	7	8	9	
originated: If a single spill event results in multiple appearance points, provide GPS	10	11	12	13	14	15	16	
coordinates for the appearance point closest to the failure point and describe each additional appearance point in the spill appearance point explanation field:		18	19	20	21	22	23	
	24	25	26	27	28	29	30	1000 characters remaining.
Submit photographs under the Attachments tab	_							er than 1000 characters, enter see Attachment into the box)
				^	^			
*6.a. Lattitude:		09		09:46				how Map]
*6.b. Longitude:		-	-	de	imal (degre	es	Show Map]

4. Operator arrival time:

Use the calendar icon to select the date and time or manually enter the estimated Operator arrival date and time in a 24-hour clock format. The date and time must be the same or later than the estimated spill start date and time.

Save Work in Progress Ready to Certify							
Please Note:	0		Nove	mbe	r 2023	3	0
 If you have entered all required information and have the report ready to certify please clip 	s	М	т	w	т	F	s
 Reports cannot be certified unless the "Ready to Certify" button is clicked first. 				1	2	3	4
	5	6	7	8	9	10	11
*1. Name of Enrollee contact person to respond to spill-specific questions:	12	13	14	15	16	17	18
*1.a. Telephone number of Enrollee contact person to respond to spill-specific	19	20	21	22	23	24	25
questions:	26	27	28	29	30		
*2. Spill Location Name:				^	^		
*3. Date and time the Enrollee was notified of, or self-discovered, the spill:				13 : ×	39 ~		
*4. Operator arrival time:		-	-	-		۵	-

5. Estimated spill start date and time:

Use the calendar icon to select the date and time or manually enter the estimated spill start date and time in a 24-hour clock format. The date and time must be earlier than the estimated spill end date and time.

	Monthly Certifie Due 30 calendar	ed S days a	Spi	II F	Rep	ort the n	ing	g for	Jory occurred	3 S d.
Save Work in Progress Ready to Certify										
Please Note:		P						1		
If you have entered all required information and have the re	port ready to certify, please clic	0		Nove	mber	2023	3	0		
Monthly Cert Due 30 cale Save Work in Progress Ready to Certify ease Note: • If you have entered all required information and have the report ready to certify, plea • Reports cannot be certified unless the "Ready to Certify" button is clicked first. • Name of Enrollee contact person to respond to spill-specific questions: *1.a. Telephone number of Enrollee contact person to respond to spill-specific questions: 2. Spill Location Name: 3. Date and time the Enrollee was notified of, or self-discovered, the spill: 4. Operator arrival time: 5. Estimated spill start date and time:	tton is clicked first.	s	м	т	w	т	F	s		
1 Name of Enrollee contact person to respond to spill-specific	questions:				1	2	3	4	 	
1. Hume of Emolece contact person to respond to spin specific	questions.	5	6	7	8	9	10	11		
*1.a. Telephone number of Enrollee contact person to respond usestions:	ond to spill-specific	12	13	14	15	16	17	18		
		19	20	21	22	23	24	25	 	
2. Spill Location Name:		26	27	28	29	30			 	
3. Date and time the Enrollee was notified of, or self-discovered	l, the spill:				^	^				
'4. Operator arrival time:				1	3:	39 ~				
5. Estimated spill start date and time:			-	-	-		۵	_		

6. Description, photographs, and GPS coordinates of the system location where the spill originated:

Provide a description of the system location where the spill originated. If a single spill event results in multiple appearance points, provide GPS coordinates for the appearance point closest to the failure point and describe each additional appearance point in the additional spill appearance point explanation field, question No. 6e. Make sure to submit photographs under the "Attachments" tab along with a proper description of the photograph.

*6. Description, photographs, and GPS coordinates of the system location where the spill		
originated: If a single spill event results in multiple appearance points, provide GPS		
coordinates for the appearance point closest to the failure point and describe each		
additional appearance point in the spill appearance point explanation field:		
Submit photographs under the Attachments tab	(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)	

6a. Latitude:

Provide the latitude of the spill location or of the appearance point closest to the failure point. Enter the latitude in decimal degrees or use the "[Show Map]" button next to the question. You may enter the address on top of the map and click on the "Go" button. Or, you may zoom in on the map to drop a pin on the spill location. Click on the "Set Coordinates" button.

Please Note:	Map window - Work - Microsoft Edge - 🗆 🗙					
If you have entered all required information and have the report ready to certify, please click on the "Ready to Certify", Reports cannot be certified unless the "Ready to Certify" button is clicked first.		🖞 https://apptest.waterboards.ca.gov/ciwqs/latitudeLongitudeToolSSS Q A				
		To find the coordinates for a particular location, click on the map or enter a street address:				
*1. Name of Enrollee contact person to respond to spill-specific questions:		,, CA Gol Example: 123 Main Screet, Sacramento, CA				
*1.a. Telephone number of Enrollee contact person to respond to spill-specific questions:		Latitude: Longitude: *Longitudes zhould Set Coordinates				
*2. Spill Location Name:						
*3. Date and time the Enrollee was notified of, or self-discovered, the spill:	0	Map Satellite OREGON Boise				
*4. Operator arrival time:		WYOMING				
*5. Estimated spill start date and time:	۵					
*6. Description, photographs, and GPS coordinates of the system location where the spill originated; If a single spill event results in multiple appearance points, provide GPS coordinates for the appearance point closest to the failure point and describe each additional appearance point in the spill appearance point explanation field:		Sartaverty NEVADA De Sacramento UTAH De				
Submit photographs under the Attachments tab	(Attach document if description is greater than 1000 characters	San Francisco San Jose				
*6.a. Lattitude:	decimal degrees [Show Map]	CALIFORNIA LAS Vegas				
*6.b. Longitude:	decimal degrees [Show Map]	Los Angeles ARIZONA				
*6.c. Appearance points:	Backflow Prevention Device Combined Sever Drain Inlet. (Combined Collection System Gravity Mainline Inside Building or Structure Lateral Clean Out (Private) Lateral Clean Out (Public)	C San Diego Phoenix O Tucson E J A C Cluida C Cluida C Cluida C Congle Report sharous Phoenix O Tucson C Cluida Phoenix O Tucson C Tucson Phoenix O Tucson C Tucson Phoenix O Tucson Phoenix Pho				
	Lower Lateral (Private)					

6b. Longitude:

Provide the longitude of the spill location or of the appearance point closest to the failure point. If you used the "[Show Map] feature for populating the Latitude in question 6.a., this field will already be populated. If it is not, enter the longitude in decimal degree units.

6c. Appearance points:

Select the appropriate appearance point(s) from the drop-down menu. Multiple appearance points can be selected. If your selection was "Other (specify below)", you are required to enter a description of the appearance points in question No. 6d.

6d. If other, describe:

If the appropriate "Appearance points" are not listed in the drop-down menu and "Other (specify below)" was selected, enter a description of the appearance point(s).

6e. Additional spill appearance point(s) explanation:

Enter a description of additional spill appearance points. For multiple appearance points, enter a description which includes location details of each appearance point.

*6. Description, photographs, and GPS coordinates of the system location where the spill originated: If a single spill event results in multiple appearance points, provide GPS coordinates for the appearance point closest to the failure point and describe each additional appearance point in the spill appearance point explanation field: Submit photographs under the Attachments tab	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
*6.a. Lattitude:	decimal degrees [Show Map]
*6.b. Longitude:	decimal degrees [Show Map]
*6.c. Appearance points:	Backflow Prevention Device Combined Sewer Drain Inlet. (Combined Collection System Only) Force Main Stravity Mainline Inside Building or Structure Lateral Clean Out (Private) Lateral Clean Out (Public) Lower Lateral (Private) Compare Lateral (Private)
6.d. If other, describe:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
6.e. Additional spill appearance point(s) explanation:	

7. Estimated total spill volume exiting the system:

Enter the estimated volume of spill, in units of gallons and in whole numbers, that exited the system.

*7. Estimated total spill volume exiting the system:	99	Gallons
	(Category 3 spills range from 50 to	999 gallons according to section 5.13.1. Spill Categories of the General Order.)

8. Description and photographs of the extent of the spill and spill boundaries:

Provide a description of the extent of spill and spill boundaries. Water Board Staff recommends using a reference object in the photograph to estimate the size of the spill.

*8. Description and photographs of the extent of the spill and spill boundaries:		
Submit photographs under the Attachments tab		1000 characters remaining.
	(Attach document if description is greater than 1000 characters onter "See Attach	mont" into the hew)

9. Did the spill reach a drainage conveyance system?

Select "Yes" if the spill reached a drainage conveyance system. Select "No" if the spill did not reach a drainage conveyance system. If the answer is "Yes", answer questions 9a, 9b, and 9c.

*9. Did the spill reach a drainage conveyance system?	Select 💌	
9.a. Description of the drainage conveyance system transporting	Select	
the spill and photographs of the drainage conveyance system	Yes	
entry location(s): (Required if answer for question 9 is 'Yes')	No (Attach docum	1000 characters remaining. hent if description is greater than 1000 characters, enter "See Attachment" into the box)

9a. Description of the drainage conveyance system transporting the spill and photographs of the drainage conveyance system entry location(s):

Provide a description of the drainage conveyance system transporting the spill. Provide photographs of the drainage conveyance system entry locations. Staff recommend using a reference object in the photograph to estimate the size of the drainage conveyance system and its boundaries. Make sure to submit photographs under the "Attachments" tab.

9b. Estimated spill volume fully recovered from the drainage conveyance system:

Enter the estimated volume that was fully recovered from the drainage conveyance system in units of gallons, using whole numbers.

9c. Estimated spill volume discharged to a groundwater infiltration basin or facility:

Enter the estimated spill volume that was discharged to a groundwater infiltration basin or facility in units of gallons, using whole numbers.

•9. Did t	he spill reach a drainage conveyance system?	Select •		
9.a.	Description of the drainage conveyance system transporting the spill and photographs of the drainage conveyance system entry location(s): (Required Farsuer for question 9 a Yes)	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)		
9.b.	Estimated spill volume fully recovered from the drainage conveyance system: (Required if answer for question 9 is 'Yes')	Gallons		
9.c.	Estimated spill volume discharged to a groundwater infiltration basins or facility: (Required if answer for question 9 is 'Yes')	Gallons		

10. Estimated total spill volume recovered:

Enter the estimated total spill volume recovered in units of gallons and using whole numbers.

*10. Estimated total spill volume recovered:

11. Spill Destination(s):

Select the spill destination(s) using the "Spill Destination" drop-down menu. The spill destination describes all areas that the wastewater flowed through and ultimately reached. Multiple destinations can be selected. If your selection was "Other (specify below)", you are required to enter a description of the spill destinations in text box No. 11a.

11a. If other, describe:

If the "Spill Destination(s)" is not listed in the drop-down menu and "Other (specify below)" was selected, enter a description of the spill destination(s).

11b. Description of the spill event destination(s), including GPS coordinates if available, that represent the full spread and reach of the spill:

Provide a description of the spill event destination(s) including GPS coordinates, if available, that represent the full spread and reach of the spill.

11c. Coordinates available?

Select "Yes" or "No" to whether coordinates are available. If coordinates are available, providing latitude and longitude is required. Use 11f-11k to capture the remaining spill point locations.

11d, f, h, j. Latitude:

Use the show map icon next to the question to select the latitude of the available points for the spill location. Otherwise, a handheld GPS unit or the "GIS Tool" link on the CIWQS Sanitary Sewer System Database spill report page can be used to determine this information, and make sure the units are in decimal degrees.

11e, g, i, k. Longitude:

Use the show map icon next to the question to enter the longitude of the available points for the spill location or of the appearance point closest to the failure point. You may enter the address on top of the map if you do not have the coordinates and click on the "Go" button. Or you may zoom in on the map to drop a pin on the spill location. Make sure the units are in decimal degrees.

*11. Spill Destination(s):	Building or Structure Drainage Conveyance System Drainage Conveyance System Conveyance System that discharges to surface water Groundwater Inflittation Basin or Facility Other (specify below) Preved Surface Street/Curk and Gutter (2 3) Surface Water Unpaved Surface
11.a. If other, describe:	
*11.b. Description of the spill event destination(s), including GPS coordinates if available, that represent the full spread and reach of the spill:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
11.c. Coordinates available? (Please provide at least one set of Lat and Long if your answer is "Yes")	Select •
11.d. Lattitude: (Required if answer for question 11.c. Coordinates available is "Yes")	decimal degrees [Show Map]
11.e. Longitude: (Required if answer for question 11 c. Coordinates available is 'Yes')	decimal degrees [Show Map]
11.f. Lattitude:	decimal degrees [Show Map]
11.g. Longitude:	decimal degrees [Show Map]
11.h. Lattitude:	decimal degrees [Show Map]
11.i. Longitude:	decimal degrees [Show Map]
11.j. Lattitude:	decimal degrees [Show Map]
11.k. Longitude:	decimal degrees [Show Map]

12. Spill end date and time:

Use the calendar icon to select the date and time or manually enter date and time of the estimated spill end date and time. Make sure the time is entered in a 24-hour clock format. The entered date and time must be later than the estimated spill start date and time.

(Required if answer for question 11.c. Coordinates available is 'Yes')				J		-		7
11.f. Lattitude:	 0	м	Nove	mber	2023 T	5	0	Show Map]
11.g. Longitude:	-			1	2	3	4	Show Map]
	5	6	7	8	9	10	11	-
11.h. Lattitude:	12	13	14	15	16	17	18	Show Map]
11.i. Longitude:	19	20	21	22	23	24	25	Show Map]
	 26	27	28	29	30			
11.j. Lattitude:				^	^			Show Map]
11.k. Longitude:			1	3:	39 ~			Show Map]
. Spill end date and time:	-	-	-	-	-	Ü	_	

13. Description of how the spill volume estimations were calculated:

Describe the process used for calculating the spill volume estimates.

13a. Description of the methodology(ies), assumptions and type of data relied upon for estimations of the spill start time and the spill end time:

Describe the methodology, assumptions, and type of data relied upon such as supervisory control and data acquisition (SCADA) records, flow monitoring, and other telemetry information that was used to estimate the spill start and end times.

*13.	Description of how the spill volume estimations were calculated, including at a minimum: The methodology, assumptions and type of data relied upon, such as supervisory control and data acquisition (SCADA) records, flow monitoring or other telemetry information, used to estimate the volume of the spill discharged, and the volume of the spill recovered (if any volume of the spill was recovered):	(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
	*13.a. Description of the methodology(ies), assumptions and type of data relied upon for estimations of the spill start time and the spill end time:	1000 characters remaining. (Attach document if description is oreater than 1000 characters, enter "See Attachment" into the box

14. Spill cause(s):

Select a cause for the spill from the drop-down menu. Multiple spill causes can be selected. If your selection was "Other (specify below)", you are required to enter a description of the spill cause(s) in text box No. 14a.

14a. If other, describe:

If the "spill cause" is not listed in the drop-down menu and "Other (specify below)" was selected, enter a description of the spill cause.

	Debris from Construction	
	Debris from Lateral	
	Debris-General	
	Debris-Rags	
*14 Spill causo(s):	Debris-wipes/Non-disposables	
ra, spin cause(s).	Fats, Oil and Grease (FOG)	-
	Flow Exceeded Capacity (Separate Collection System Only)	
	Inappropriate Discharge to Collection System	
	Natural Disaster (specify below)	-
14.a. If other, describe:		

15. System failure location (for example: main, pump station, etc.):

Select a system failure location from the drop-down menu. Multiple system failure locations can be selected. If your selection was "Other (specify below)", you are required to enter a description of the system failure location in text box No. 15a.

15a. If other, describe:

If the "system failure location" is not listed in the drop-down menu and "Other (specify below)" was selected, enter a description of the system failure location.

	Air Relief Valve (ARV)/ Blow-Off Valve (BOV)
	Force Main
	Gravity Mainline
	Lower Lateral
*15. System failure location:	Manhole
	Other (specify below)
	Pump Station - Controls
	Pump Station - Mechanical
	Pump Station - Power
15.a. If other, describe:	

16. Description of the pipe material, at the failure location:

Select a description of the pipe material from the drop-down menu. Multiple pipe material descriptions can be selected. If your selection was "Other (specify below)", you are required to enter a description of the pipe material in text box No. 16a.

16a. If other, describe:

If the "description of the pipe material" is not listed in the drop-down menu and "Other (specify below)" was selected, enter a description of the pipe material.

16b. Estimated age of pipe material, at the failure location:

Enter the estimated age of the pipe material present at the failure location in whole number of years.

	Acrylonitr. Butadiene Styrene (ABS) Cast Iron Concrete Copper
*16. Description of the pipe material, at the failure location:	Cross-Linked Polyethylene (PEX) Ductile Iron Fiberglass Galvanized Steel Other (specify below)
16.a. If other, describe:	
*16.b. Estimated age of pipe material, at the failure location:	Years

17. Description of the impact of the spill:

Describe any observations made during visual inspections of areas impacted by the spill.

*17. Description of the impact of the spill:		
		1000 characters remaining.
	(Attach document if description is greater than 1000 characters, enter "See	Attachment" into the box)

18. Was the spill associated with a storm event?

If the spill occurred during or shortly after a storm event, select "Yes". If there was not a storm event, select "No".

*18. Was the spill associated with a storm event?		Select	•	
		Select		p (spe
		Yes		All or
		No		Effects
	1	Other	(spe	ecify be

19. Spill response activities:

From the drop-down menu, select the appropriate spill response activity(ies) that your agency completed in responding to the spill. Multiple spill response activities can be selected. If your selection was "Other (specify below)", you are required to enter a description of the spill response activities in text box No. 19a.

19a. If other, describe:

If the "spill response activities" are not listed in the drop-down menu and "Other (specify below)" was selected, enter a description of the spill response activities completed.

19b. Description of spill response activities including description of immediate spill containment and cleanup efforts:

Describe any spill response activities including immediate spill containment and cleanup efforts.

*19. Spill response activities:	Cleaned Up (specify below) Contained All or Portion of Spill Mitigated Effects of Spill (specify below) Other (specify below) Other Enforcement Agency Notified Property Owner Notified Restored Flow Returned All Spill to Sanitary Sewer System Returned Portion of Spill to Sanitary Sewer System
19.a. If other, describe:	
*19.b. Description of spill response activities including description of immediate spill containment and cleanup efforts:	(Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)

20. Spill corrective action:

Select the spill corrective action from the drop-down menu that your agency completed in responding to the spill. Multiple spill corrective actions can be selected one at a time. If your selection was "Other (specify below)", you are required to enter a description of the spill corrective actions in text box No. 20a below.

20a. If other, describe:

If the "spill corrective action" completed is not listed in the drop-down menu and "Other (specify below)" was selected, then enter a description of the spill corrective actions completed.

20b. Description of spill corrective actions, including steps planned or taken to reduce, eliminate, and prevent reoccurrence of the spill, and a schedule of the major milestones for those steps:

Provide a description of the actions taken or planned to clean up the spill, eliminate, and prevent reoccurrence of the spill. Include a description of major schedule milestones.

20c. Local regulatory enforcement action taken against an illicit discharge in response to this spill, as applicable:

Describe local regulatory enforcement that your agency has taken/planned to take against an illicit discharge in response to this spill.

20d. Identifiable system modifications, and operation and maintenance program modifications needed to prevent repeated spill occurrences at the same spill event location, including:

Identify and describe any system modifications and operation and maintenance program modifications needed to prevent repeated spill occurrences.

20d1. Adjusted schedule/method of preventive maintenance:

Describe an adjusted schedule or method of preventive maintenance that was made in response to the spill.

20d2. Planned rehabilitation or replacement of sanitary sewer asset:

Describe a planned rehabilitation or replacement of sanitary sewer assets.

20d3. Inspected, repaired asset(s), or replaced defective asset(s):

Describe any inspected, repaired, or replaced defective asset(s) related to the spill.

20d4. Capital improvements:

Describe the capital improvements implemented to correct spills.

20d5. Documentation verifying immediately implemented system modifications and operating/maintenance modifications:

Describe any documents which verify immediately implemented system modifications and operating/maintenance modifications.

20d6. Description of spill response activities:

Describe activities that your agency has completed in response to the spill.

20d7. Spill response completion date:

Use the calendar icon to select the spill response completion date (i.e., when agency staff completed their cleanup work) or manually enter the date. The date must be later than the estimated spill start date.

20d8. Ongoing investigation efforts

Describe any ongoing investigation efforts to determine the cause of the spill.

20d9. Expected completion date of investigation to determine the full cause of spill:

Use the calendar icon to select the expected date that the investigation to determine the full cause of the spill will be completed, or manually enter the date.

*20. Spill co	prrective action:	Added Sewer to Preventive Maintenance Program Adjusted Schedule/Method of Preventive Maintenance Enforcement action against fast, Oil, and Grease (FOG) source Inspected Sewer Using CCTV to Determine Cause Other (specify balow) False Rebainstano on Replacement of Sewer Repaired Facilities on Replaced Defect
20.a.	If other, describe:	
*20.b.	Description of spill corrective action, including steps planned or taken to reduce, eliminate, and prevent reoccurrence of the spill, and a schedule of major milestones for those steps:	1000 characters remaining. (Attach document if description is greater than 1000 characters. enter 'See Attachment' into the boo)
*20.c.	Local regulatory enforcement action taken against an illicit discharge in response to this spill, as applicable:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
*20.d.	Identifiable system modifications, and operation and maintenance program modifications needed to prevent repeated spill occurrences at the same spill event location, including:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the boo)
*20.d.1.	Adjusted schedule/method of preventive maintenance:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the boo)
*20.d.2.	Planned rehabilitation or replacement of sanitary sewer asset:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
*20.d.3.	Inspected, repaired asset(s), or replaced defective asset(s):	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter 'See Attachment' into the box)
*20.d.4.	Capital improvements:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the boy)
*20.d.5.	Documentation verifying immediately implemented system modifications and operating/maintenance modifications:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
*20.d.6.	Description of spill response activities modifications:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter 'See Attachment' into the box)
*20.d.7.	Spill response completion date:	
*20.d.8.	Ongoing investigation efforts:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
*20.d.9.	Expected completion date of investigation to determine the full cause of spill:	

21. Detailed narrative of investigation and investigation findings of cause of spill:

Provide a detailed description of the investigation conducted and the investigation findings of the spill cause.

*21. Detailed narrative of investigation and investigation findings of cause of spill:	1000 characters remaining. (Attach document if description is greater than 1000 characters, enter "See Attachment" into the box)
--	---

Submitting a Category 3 Spill Report

1. Once the "Monthly Certified Spill Reporting for Category 3 Spills" questions are completed click on the "Save Work in Progress" button.

Save Work in Progress Submit Draft	
Note: Questions with "*" are required to be answered.	
	-
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Split General Info Attachments Certification	
Decessfully	
Monthly Certified Spill Reporting for Category 3 Spills Due 30 calendar days after the end of the month in which the spill occurred.	

2. Click on the "Attachments" tab to upload attachments.

File Name *	Document Type *	Docume	nt Date ** (Please prov	File Descripti ide a description and the refer input screen)	ion ence number to t	the CIWQS data
Choose File No file chosen	•		2000 charact	ers remaining.		
Upload File						
a Upload File	াৰ বি (1 of	f 1) 🔛 🖭 Di	iplay 10 Y per page			
Jupload File File Name	Document Type * Docu	f 1) 🔛 🖬 Dis ument Date 🗘	iplay 10 ♥ per page File Description ≎	Date/Time Uploaded	Status	Delete

3. Click on "Choose File" to select the file to be uploaded. Next, select the type of file you are uploading from the "Document Type" drop down options. The "Document Date" is the date the document was created. Finally, enter a brief description of the file in the "File Description" text box.

File Name *	Document Type *	Document Date	** (Please provide a description and the reference number to the CIWQS data input screen)
hoose File Photographs.docx	Photographs •	11/08/2023	Photographs
Upload File	Methodology Other		1989 characters remaining.

4. Select "Upload File" to upload the file. You will know the file is uploaded when the file is displayed in the file table below the "Upload File" button.

File Name *	Document Type *	Docu	ment Date	** (Please provide a	File Descri description and the re input scre	ption ference numbe en)	r to the CIWQS data
Choose File No file chosen	•		0	2000 characters	remaining.		é
🗅 Upload File							
	14 44 1	(1 of 1)	□ Display 10 ¥	per page			
File Name	Document Type * \$	(1 of 1) 🕞 🔹	Display 10 V	per page ption ≎	Date/Time Uploaded	Status	Delete
File Name	Document Type * 0 Other	(1 of 1) Document Date \$ 09/21/2023 0	Display 10 V File Descri	per page ption ≎	Date/Time Uploaded 09/21/2023 16:25:46	Status OK	Delete * Delete

- 5. Repeat the above steps, until all desired files are uploaded.
- 6. Click on the "Spill General Info" tab to go back to the spill reporting screen.
- 7. Once all the questions are properly answered and the necessary attachments have been uploaded, click on the "Ready to Certify" button. If all was done properly, you will receive a message stating "Confirmation Spill Report is now Ready for Certification".

Changes Saved Succes	sfully
	Monthly Certified Spill Reporting for Category 3 Spills
Save Work in Progress	Ready to Certify
anaral Info	Certification
Attacimients	
	art is now Ready for Certification
Confirmation: Spill Rep	to now nearly for certaination.
Confirmation: Spill Rep	Monthly Certified Spill Reporting for Category 3 Spills

To Certify a Category 3 Spill Report

The Enrollee shall report and certify Category 3 spills in the online CIWQS Sanitary Sewer System Database within 30 calendar days after the end of the month in which the spills occurred. (For example, all Category 3 spills occurring in the month of February shall be reported and certified by March 30th).

There are two ways to certify a Category 3 Spill Report:

1. After clicking on the "Ready to Certify" button, click on the Certification tab to certify the spill report.

NOTE: Only the Legally Responsible Official can certify a spill report. Data submitters can enter the information and click on the "Ready to Certify" button. The Legally Responsible Official will receive an automated email notification stating that a spill report is ready for certification.

2. If coming back at a later time, start by searching for the report that needs to be certified.

a. To search and review spill reports that are ready to be certified, click on the "Existing Spill Reports" link from the main Sanitary Sewer System menu in CIWQS.

b. A common search feature to use is to search by "Spill Date Range". After entering a "Spill Date Range", click on the "Search" button.

Longitude:	deg.	min.	sec. OR	decimal degrees
Spill Date Range:	9/22/2023	to	9/22/2023	
Highlight auto upload in green				

c. Click on the "Spill Id" number corresponding to the report that is ready to be certified. The "Monthly Certified Spill Reporting for Category 3 Spills" screen for that spill will display.

Search					
Export Search	Result To Excel]			
ote: The searc	ch result include	s all versions of a	a spill if it has be	en amended.	(1 = 5 1)
Spill Id 🔻	Status 🗘	Version \$	Region \$	Type \$	(1 of 1) Category
<u>890495</u>	Ready to Certify	1.1	5	SSS	Monthly Category 3

d. Click on the "Certification" tab to take you to the certification section.

	Mon	thly Certified S Due 30 calendar days a	Spill Reporting for Ca fter the end of the month in which the	ategory 3 Spills e spill occurred.
lease Note:				
 If you have ent Reports cannot In order to cert 	red all required information be certified unless the "Reac fy the report, please click on	and have the report ready t dy to Certify" button is clicke the "Certify" button after po	o certify, please click on the "Ready to Ce d first. opulating the certification section.	ertify" button.,
			Certification	
Please Note: • In order to cert	fy the report, please click on	the "Certify" button after po	pulating the certification section.	
I certify under p nquiry of the person(with the Statewide Sat	enalty of perjury under the la) directly responsible for gat itary Sewer Systems General	aws of the State of California hering the information, to th I Order. I am aware that there	that the electronically submitted informa the best of my knowledge and belief, the i e are significant penalties for submitting	ation was prepared under my direction or supervision. Based on my information submitted is true, accurate, and complete, and complies false information.
man and Statemac Su			Title: *	
Certifier Name: *				

Certifying a Category 3 Certified Spill Report

1. Verify that attachments are uploaded to the spill report. If documents need to be uploaded, click on the "Upload File" button to upload the file to the report. You will know the file is uploaded successfully if it is displayed in the table below the "Upload File" button.

File Name *	Document Type *	Document Date	File Desc ** (Please provide a description and the input sc	File Description ** (Please provide a description and the reference number to the CIWQS data input screen)			
noose File No file chosen	-						
Jpload File			2000 characters remaining.				
Jpload File	re ee 1 (1	of 1) 🕞 💌 Display	2000 characters remaining.				
Jpload File File Name	The second secon	l of 1) → → Display (ument Date ♀ File D	2000 characters remaining. 10 ✓ per page escription ≎ Date/Time Uploaded	Status	Delete		

- 2. Repeat the above step, until all desired files are uploaded.
- 3. Once all the questions are properly answered and the necessary attachments have been uploaded, you can certify the report by clicking on the "Certification" tab. From there, check the certification box to certify under penalty of perjury and also enter the certifier name, title, and initials. Click on the "Certify" button. An error message will display below the tabs if any fields did not pass validation or attachments are missing. If this happens, correct the errors, save, and click the "Ready to Certify" button. Proceed back to the "Certification" tab, click on the checkbox, complete the fields, and click "Certify".

1415	onthly Certified Spill Reporting for C Due 30 calendar days after the end of the month in which th	ategory 3 Spills e spill occurred.
 Please Note: If you have entered all required informat Reports cannot be certified unless the "F In order to certify the report, please click 	ion and have the report ready to certify, please click on the "Ready to C eady to Certify" button is clicked first. on the "Certify" button after populating the certification section.	ertify" button,
	Certification	
Please Note:	on the "Certify" button after populating the certification section.	
In order to certify the report, please click I certify under penalty of perjury under the	e laws of the State of California that the electronically submitted inform	nation was prepared under my direction or supervision. Based on my
In order to certify the report, please click I certify under penalty of perjury under th nquiry of the person(s) directly responsible for with the Statewide Sanitary Sever Systems Gen	e laws of the State of California that the electronically submitted inform gathering the information, to the best of my knowledge and belief, the eral Order. I am aware that there are significant penalties for submitting	ation was prepared under my direction or supervision. Based on my information submitted is true, accurate, and complete, and complies false information.
In order to certify the report, please click I certify under penalty of perjury under th nquiry of the person(s) directly responsible for with the Statewide Sanitary Sewer Systems Gen Certifier Name: *	e laws of the State of California that the electronically submitted inform gathering the information, to the best of my knowledge and belief, the eral Order. I am aware that there are significant penalties for submitting Title: *	ation was prepared under my direction or supervision. Based on my information submitted is true, accurate, and complete, and complies false information.

4. After clicking on the certify button, you will get the confirmation message "Spill Report has been certified". Click on the "Close" button and this will take you back to the main Sanitary Sewer Systems menu.

Confirma	ition
Spill Repo	ort has been certified.
	1

Amending a Category 3 Certified Spill Report

A certified Category 3 spill report may be amended within 90 calendar days of the spill end date. To amend a spill report:

1. Click on the "Existing Spill Reports" link on the main Sanitary Sewer System menu.

New Enrollee Initial Annual Report 2 An Enrollee that obtains coverage under Order 2022-0103-DWQ after June 5, 2023 shall complete and submit its first certified Annual Report within 30 days of obtaining a
CIWQS account; All subsequent Annual Reports are due by April 1 of each year.
- Continuing Enrollee Annual Report ?
Continuing Enrollees: Complete and submit the Annual Report covering the previous calendar year by April 1, of each year.
Sewer System Management Plan Upload
Plan updates are due within every six years after the last Plan update due date.
New Enrollees: The Plan shall be uploaded and certified within 12 months of the Application for Enrollment approval date. This establishes the last Plan update due date.
Continuing Enrollees: The last Plan update due date was established under the 2006 Order. All subsequent Plan updates are due within every six years
after the last Plan update due date.
New Spill Report
Submit individual spill reports for Category 1, Category 2 and Category 3 spill events.
and the second
<u>Privately-Jowned Sewer Laterals and/or Private Systems Spill Report (voluntary)</u>
voluntarily report spills from a private sewer lateral or private sanitary sewer system that is not owned/operated by the Enrollee.
Existing Shill Reports 2
View, update and/or amend a previously reported spill.
• Monthly Certification of "No-Spills" or "Category 4 Spills" and/or "Non-Category 1 Enrollee-owned Lateral Spills" _ ?
Within 30 calendar days after the end of each calendar month, certify either (1) no spills occurred during a calendar month or (2) only Category 4, and/or
Enrollee-owned and/or operated lateral spills (that do not discharge to a surface water) occurred during a calendar month.
View Spill Incident Map - Public Sewer Systems (Not Site Specific)
The data displayed in this map represents spill reports, for individual locations, where sewage was discharged from a sanitary sewer system enrolled under
the Statewide Sanitary Sewer Systems General Order. It does not include Category 4 spills.
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2. Search for the certified report using appropriate criteria and click on the certified report that needs to be amended.



3. After clicking the spill ID, you will be directed to the spill report screen. Then click on the Certification Tab. You will notice that all buttons are grayed out except for the "Amend Report" button.

4. Click on the "Amend Report" button.

Spill General Info	Attachments	Certification	
			Monthly Certified Spill Reporting for Category 3 Spills
			Due 30 calendar days after the end of the month in which the spill occurred.
Amend Repo	ort		

5. After clicking on the "Amend Report" button, the Legally Responsible Official will receive the following green message as shown below. This creates a copy of the original submitted report to have a record of it.

Spill General Info	Attachments	Certification	

NOTE: The Legally Responsible Official will receive a confirming email explaining that the report has been amended.

6. Make the necessary changes to the report, including any information under the Spill General Info, Attachments, and Certification tabs. Follow the same steps for final certification and certify the updated version of the report.

NOTE: Any time after clicking the "Amend Report" button if you search for the report using the "Existing Spill Reports" menu item, you will see two reports with the same ID number (as example shown below). One has the status "Amended" (which would be the original certified copy) and the other one has the status reflecting the step on which the updated version was latest saved, such as "Work in Progress" or "Certified".

	Spill Id 🔻	Status ≎	Version ≎	Region ≎	Type ≎	Category ≎	Spill Volume \$	Collection System ¢	WDID \$	Spill Start 🗘	Location Name ≎	Address \$
	891281	Work In Progress	2.0	5	SSS	Monthly Category 3 Spill	100	Demo South CS	5SSO10000	2023-11-28 10:25:00.0	Vacaville	
(<u>891281</u>	Amended	1.1	5	SSS	Monthly Category 3 Spill	100	Demo South CS	5SSO10000	2023-11-28 10:25:00.0	Vacaville	
$\mathbf{\mathbf{k}}$					14 <4 1	(1 of 1) 🛛 🕨	▶ Display	20 🗸 per page	e			