WATER RESOURCES CONTROL BOARD
ORDER NO. 2012-XXXX-EXEC
AMENDING MONITORING AND REPORTING PROGRAM
FOR
STATEWIDE GENERAL WASTE DISCHARGE REQUIREMENTS FOR
SANITARY SEWER SYSTEMS

The State of California, Water Resources Control Board (hereafter State Water Board) finds:

1. Sanitary sewer overflows (SSOs) discharged to waters of the state have a high potential to negatively impact beneficial uses of the waters of the state.

2. The State Water Board is authorized to prescribe statewide general Waste Discharge Requirements (WDRs) for categories of discharges that involve the same or similar operations and the same or similar types of waste pursuant to Water Code 13263(i).

3. Water Code section 13193 requires the Regional Water Quality Control Boards (Regional Water Boards) and the State Water Board (collectively, the Water Boards) to gather comprehensive and specific SSO information and make this information available to the public, including but not limited to, SSO cause, estimated volume, location, date, time, duration, whether or not the SSO reached or may have reached waters of the state, response and corrective action taken, and an enrollee’s contact information for each SSO event. An enrollee is defined as the public entity having legal authority over the operation and maintenance of, or capital improvements to, the sanitary sewer system.

4. On May 2, 2006, the State Water Board adopted Order No. 2006-0003-DWQ, “Statewide Waste Discharge Requirements for Sanitary Sewer Systems” (hereafter SSS WDRs) to comply with Water Code section 13193 and to establish the framework for the statewide SSO Reduction Program and provide a consistent statewide approach for reducing SSOs.

5. The SSS WDRs also require a Monitoring and Reporting Program (MRP), which includes specific SSO notification, reporting and record keeping requirements to replace other mandatory routine written reports for SSOs and to facilitate compliance monitoring and enforcement for violations. Nearly 100 million gallons of raw sewage have reportedly impacted surface waters since January 2007 based on enrollee reported data in the California Integrated Water Quality System (CIWQS) SSO Online Database,¹ which supports the need for continuing regulatory controls.

6. Subsection G (2) of the SSS WDRs and the MRP both provide that the Executive Director may modify the terms of the MRP at any time.

7. On February 20, 2008, the State Water Board Executive Officer revised the original MRP adopted by the State Water Board on May 2, 2006 to rectify early notification deficiencies to ensure that first responders are notified in a timely manner for SSOs discharged into waters of the state.

¹ California Integrated Water Quality System (CIWQS, publicly available at: https://ciwqs.waterboards.ca.gov/ciwqs/index.jsp
8. When notified of an SSO that reaches a drainage channel or surface water of the state, the California Emergency Management Agency (Cal EMA), as part of its core functions, forwards the spill notification information to local government agencies and first responders including local public health officials and the applicable Regional Water Board. Receipt of notifications for a single spill event from both the spill reporter and Cal EMA can create confusion at the local level. To address this, the spill notification requirements added by the February 20, 2008 MRP revision are being eliminated in this MRP revision.

9. In the February 28, 2008 MOA between the State Water Board and the California Water and Environment Association (CWEA), the State Water Quality Control Board committed to re-designing the CIWQS SSO Database to allow “event” based spill reporting versus the original “location” based design. Revisions to this MRP and accompanying changes to the CIWQS SSO Database will implement this change by allowing for multiple spill appearance points to be associated with each spill event caused by a single asset failure.

10. In prior versions of this MRP, spills have been categorized as Category 1 or Category 2. This MRP implements changes to spill categories by adding a Category 3 spill type. This change will assist Water Board staff in evaluating high threat spills and assist enrollees in identifying spills that require Cal EMA notification by categorizing: (1) all high threat spills to surface water in Category 1, (2) high volume spills that do not reach surface waters in Category 2, (3) and low volume spills that do not reach surface waters in Category 3.

11. Based on over six years of implementation of the SSS WDRs, the State Water Board concludes that the February 20, 2008 MRP must be updated to better advance the SSO Reduction Program objectives, assess compliance, and enforce the requirements of the SSS WDRs.

12. In response, the State Water Board has incorporated changes to monitoring, reporting, and record keeping in this MRP to improve compliance monitoring, enforceability, and data collection to address outstanding deficiencies.

13. The State Water Board has determined that the burden to the enrollees to comply with this Order, including any costs, bears a reasonable relationship to the need for the information to protect beneficial uses and reduce SSOs.

IT IS HEREBY ORDERED THAT:

Pursuant to the authority delegated by Water Code section 13267(f), Resolution No. 2002-0104, and Order No. 2006-0003-DWQ, the MRP for SSS WDRs No. 2006-0003-DWQ is hereby amended as shown in Attachment A.

Dated: _____________________________

Thomas Howard
Executive Director
ATTACHMENT A
WATER RESOURCES CONTROL BOARD

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A. INTRODUCTION

This Monitoring and Reporting Program (MRP) establishes monitoring, record keeping, reporting and public notification requirements for the statewide Sanitary Sewer Systems Waste Discharge Requirements (SSS WDRs), Water Quality Order No. 2006-0003-DWQ. The Executive Director may make revisions to this MRP at any time pursuant to the authority delegated by Water Code section 13267(f), Resolution No. 2002-0104, and as specified in subsection G(2) of the SSS WDRs. These revisions may include a reduction or increase in monitoring and reporting.

All site specific records and data pursuant to this MRP, including SSO event information and records, Collection System Questionnaire information, water quality monitoring data, Sewer System Management Plans (SSMP), and SSMP Program Audit information, shall be complete and accurate and justified by evidence maintained by the enrollee. Failure to comply with this MRP may subject an enrollee to civil liabilities of up to $5,000 a day per violation pursuant to Water Code section 13350, or may be referred to the Attorney General for civil action. The State Water Resources Control Board reserves the right to take any further enforcement action authorized by law.
B. SUMMARY TABLE OF MRP REQUIREMENTS

The table below provides a summary of the major requirements contained in this MRP:

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>REQUIREMENT</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTIFICATION</td>
<td>• Within 2 hours of becoming aware of a Category 1 SSO,(^2) notify California Emergency Management Agency (Cal EMA)</td>
<td>Call Cal EMA at: (800) 852-7550</td>
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<tr>
<td>(Category 1 SSOs only; see section C, page 6)</td>
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<tr>
<td>REPORTING</td>
<td>• Category 1 SSO: Submit Draft report within 3 days of becoming aware of the spill and certified report within 15 days</td>
<td>Enter data into the CIWQS SSO Online Database (where required), certified by Legally Responsible Official.</td>
</tr>
<tr>
<td>(see section C, page 6 and section D, pages 6-9)</td>
<td>• Category 2 SSO: Submit Draft report within 3 days of becoming aware of the spill and certified report within 15 days of spill discovery</td>
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<td></td>
<td>• Category 3 SSO: Submit Certified report within 30 days of the end of the month occurred</td>
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<td></td>
<td>• SSO Technical Report: If required, Certify within 30 days of SSO end time</td>
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<td></td>
<td>• “No SSO” Monthly Report: (^3) Certify by end of following month</td>
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<td></td>
<td>• Collection System Questionnaire: Update and Certify every 12 months</td>
<td></td>
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<td></td>
<td>• SSMP Program Audit: Conduct every 24 months</td>
<td></td>
</tr>
<tr>
<td>WATER QUALITY MONITORING</td>
<td>• Water quality sampling and initiation of an impact assessment within 48 hours after initial SSO notification for Category 1 SSOs at which 50,000 gallons or greater is not recovered from waters of the state.</td>
<td>Self-maintained records shall be available during inspections or upon request.</td>
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<tr>
<td>(see section E, page 10)</td>
<td></td>
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</tr>
<tr>
<td>RECORD KEEPING</td>
<td>• Records to document SSO response including photographs of all SSOs.</td>
<td>Self-maintained records shall be available during inspections or upon request.</td>
</tr>
<tr>
<td>(see section F, pages 10-13)</td>
<td>• Records to demonstrate compliance with subsections D.7 through D.9 of the SSS WDRs.</td>
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<td></td>
<td>• Records to document annual in-house training on the SSS WDRs, MRP, and SSMP for sewer crews, staff and management.</td>
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<td></td>
<td>• Records to document Water Quality Monitoring, SSMP Implementation, SSMP Program Audits, and Electronic Records.</td>
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</tbody>
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\(^2\) Notification to Cal EMA is not required for SSOs less than 1,000 gallons from publicly owned sanitary sewer system laterals consistent with California Code Regulations, Section 2250.

\(^3\) Formerly referred to as the "No-Spill" certification.
C. NOTIFICATION REQUIREMENTS: The following notification requirements are in addition to, and do not preclude, other emergency notification requirements and timeframes mandated by other state laws, regulatory programs, or agencies [e.g., storm water permits, local county health ordinances, environmental health departments, or Regional Water Quality Control Board Order(s)]:

1. For any SSO that reaches or may reach waters of the state (i.e., a Category 1 SSO), the enrollee shall, as soon as possible, but not later than two (2) hours after an enrollee becomes aware of the SSO from a complainant, informant, or through self-discovery, notify the California Emergency Management Agency (Cal EMA) at (800) 857-7550.

2. The enrollee shall provide, at a minimum, the following mandatory information to Cal EMA before receiving a control number for each applicable SSO:
   a. Name, title, and return telephone number of the enrollee contact notifying Cal EMA (if different than above).
   b. Name, title and return phone number of the on-scene contact person for the SSO event (if different than above).
   c. Enrollee’s estimation of the SSO volume (gallons) already discharged and ongoing SSO discharge rate (gallons per minute, if ongoing) at time of arrival to the scene of the SSO by the crew responsible for containment of the SSO.
   d. Indication of whether or not the SSO may have reached waters of the state and any known impacts.
   e. Name(s) of the receiving water or drainage structure(s) identified in subsection 1 above, if known.
   f. Provide the best available information about the location of SSO asset failure point, including street address (if applicable), city, county, and if known, the GPS coordinates.
   g. Date and time the enrollee received information about this SSO from a complainant, informant, or through self-discovery (whichever was earliest).
   h. Name, address, and telephone number of specific complainant, informant, or enrollee staff who discovered the SSO (unless reported anonymously).

3. Until such time as an enrollee certifies an SSO report in the CIWQS SSO Online Database, the enrollee shall provide update(s) to Cal EMA regarding any change(s) in the information required under subsections C(2) above.

4. Private Sewage Lateral Discharges: The enrollee is strongly encouraged to notify Cal EMA of any private sewer discharge(s) to waters of the state equal to or greater than 1,000 gallons caused by failures or flow conditions within private (i.e., non-enrollee owned) sanitary sewers connected to the enrollee’s sanitary sewer system. This includes discharges from sewer laterals, mainlines, pump stations, or other private sewer system assets.
D. REPORTING REQUIREMENTS: The following reporting requirements are in addition to, and do not preclude, other emergency reporting requirements and timeframes mandated by other state laws, regulatory programs or agencies [e.g., storm water permits, local county health ordinances, environmental health departments, or Regional Water Quality Control Board Order(s)]:

1. **CIWQS SSO Online Database Account:** All enrollees shall obtain an SSO Online Database account and receive a “Username” and “Password” by registering through the CIWQS.\(^4\) These accounts allow controlled and secure entry into the CIWQS SSO Online Database.

2. **SSO Mandatory Reporting Information:** For reporting purposes, if one SSO event results in multiple appearance points, the enrollee shall complete one SSO report in the CIWQS SSO Online Database, and shall report the location of the SSO failure point, blockage or location of the flow condition that caused the SSO, in the CIWQS SSO Online Database, including all the discharge points associated with the SSO event. In addition, all certified report information in the CIWQS SSO Online Database shall be justified by all available information, including but not limited to documentation and observations obtained from complainant(s), informant(s), field SSO response crew(s), telemetry data, or any other available relevant sanitary sewer system data.

3. **Definitions:**
   a. **Category 1 SSO:** Discharge of any volume of untreated or partially treated wastewater to waters of the state resulting from a failure or flow condition in the enrollee’s (publicly-owned) sanitary sewer system. The enrollee causing the SSO shall be responsible for complying with all requirements in this MRP, including notification, reporting, record keeping, and calculation of volume of the SSO.
   
   b. **Category 2 SSO:** Discharge of 1,000 gallons or greater of untreated or partially treated wastewater, from a failure or flow condition in the enrollee’s (publicly-owned) sanitary sewer system, that does not reach waters of the state. The enrollee causing the SSO shall be responsible for complying with all requirements in this MRP, including notification, reporting, record keeping, and calculation of volume of the SSO.
   
   c. **Category 3 SSO:** All SSOs less than 1,000 gallons that do not reach waters of the state resulting from a failure or flow condition in the enrollee’s (publicly-owned) sanitary sewer system. The enrollee responsible for the failure the SSO shall be responsible for complying with all requirements in this MRP, including notification, reporting, record keeping, and calculation of volume of the SSO.

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\(^4\) Assistance is available at [CIWQS@waterboards.ca.gov](mailto:CIWQS@waterboards.ca.gov), or by calling 1-866-792-4977 from 8:00 A.M. to 5:00 P.M.
4. Reporting Timeframes to CIWQS SSO Online Database:

   a. **DRAFT Category 1 SSO Report**: The enrollee shall submit a DRAFT Category 1 SSO report in the SSO Online Database no later than three calendar days (72 hours) after the enrollee is made aware of an SSO, based on information received from a complainant, informant or through self-discovery (whichever is earliest). The minimum information required in a DRAFT Category 1 SSO report shall include all information identified in Appendix 1, section A.

   b. **CERTIFIED Category 1 SSO Report** - The enrollee shall certify the Category 1 SSO report in the SSO Online Database no later than 15 calendar days after the SSO end time. The minimum information required in a CERTIFIED Category 1 SSO report includes all information identified in Appendix 1, section B.

   c. **DRAFT Category 2 SSO Report**: The enrollee shall submit the DRAFT Category 2 SSO report in the SSO Online Database no later than three calendar days (72 hours) after the SSO end time. The minimum information required in a DRAFT Category 2 SSO report shall include all information identified in Appendix 1, section C.

   d. **CERTIFIED Category 2 SSO Report**: The enrollee shall certify the Category 2 SSO report in the CIWQS SSO Online Database no later than 15 calendar days after the SSO end time. The minimum information required in a CERTIFIED Category 2 SSO report shall include all information identified in Appendix 1, section D.

   e. **DRAFT Category 3 SSO Report**: No draft report is required for a Category 3 SSO.

   f. **CERTIFIED Category 3 SSO Report**: The enrollee shall certify the Category 3 SSO report in the SSO Online Database within 30 calendar days after the end of the month in which the SSO occurs. The minimum information required in a CERTIFIED Category 3 SSO report shall include all information identified in Appendix 1, section F.

   g. **SSO Technical Report**: The enrollee shall append a Technical Report for any SSO in which 50,000 gallons or greater are not recovered from waters of the state within 30 calendar days after the SSO end time. The minimum information required in a SSO Technical Report shall include all information identified in Appendix 1, section G.

   h. **“No SSO” Monthly Report**: In a month in which no SSO occurs, the enrollee shall certify a “No SSO” Monthly Report in the CIWQS SSO Online Database by the end of the following calendar month. The “No SSO” Monthly Report shall include all information identified in Appendix 1, section H.

   i. **Amended SSO Reports**: The enrollee may update or add additional information to a certified SSO report no later than 90 calendar days after the SSO end time by amending the report or by adding an attachment to the SSO report in the SSO Online Database. SSO reports certified in the SSO Online Database prior to the adoption date of this MRP may only be amended up to 90 days after the amendment date of this MRP.

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5 Formerly referred to as the “No-Spill” certification.
5. **Private Lateral Sewage Discharge Reports:** The enrollee is encouraged to voluntarily report to the CIWQS SSO Online Database all discharges from private sewer system assets connected to the enrollee’s sanitary sewer system that the enrollee becomes aware of. The enrollee will not be held responsible for the cause or cleanup of the private sewer discharge, or the repair of the private sewer system asset. The enrollee is also encouraged to provide notification to Cal EMA, if warranted. If a private sewer discharge is recorded in the CIWQS SSO Online Database, the enrollee shall identify the discharge as caused by a private sewer system asset, and a responsible party (other than the enrollee) should be identified, if known. The enrollee should report as much data as possible given the available information. If, in any month, the enrollee reports a private sewer discharge but has not experienced any SSOs, the enrollee shall still certify a “No SSO” Monthly Report (in accordance with subsection D (4) (h) above).

6. **CIWQS SSO Online Database Unavailability:** In the event that the CIWQS SSO Online Database is not available, the enrollee shall enter all required information into the database as soon as the CIWQS SSO Online Database becomes available.

7. **Collection System Questionnaire:** The Collection System Questionnaire (Questionnaire) required under subsection G of the SSS WDRs provides the foundation to evaluate system site-specific information, compliance, SSMP implementation, and performance in eliminating and/or reducing SSOs. Information in the Questionnaire may be also be utilized in completing SSMP Program Audits required in subsection D.13(x) of the SSS WDRs.
   
a. Existing enrollees: shall certify the mandatory information in Appendix 2 by July 31, 2013, and shall update the Questionnaire at least every 12 months thereafter.
   
b. New enrollees shall certify the mandatory information in Appendix 2 within 30 calendar days of initial enrollment and shall update the Questionnaire at least every 12 months thereafter.

8. **Mandatory SSMP Internal Program Audits:** To satisfy compliance with subsection D.13(x) of the SSS WDRs for SSMP Program Audits, the enrollee shall include, at a minimum, all mandatory information identified in Appendix 3.

**E. WATER QUALITY MONITORING REQUIREMENTS:** To comply with subsection D.7(v) of the SSS WDRs, the enrollee shall develop and implement a Water Quality Monitoring Program to assess impacts from large, unrecovered SSOs to waters of the state (hereafter, SSO Monitoring Program). The SSO Monitoring Program, shall, at a minimum:

1. Comply with Water Code section 13176 requiring analyses to be performed by an accredited or certified laboratory.

2. Require monitoring instruments and devices to implement the SSO Monitoring Program that are properly maintained and calibrated as necessary to ensure their continued accuracy.

3. Assess the impacts of SSOs in which 50,000 gallons or greater may have been discharged, but not recovered, to waters of the state, within 48 hours of initial agency notification of such a possible SSO from a complainant, informant, or through self-discovery (whichever is earliest).

4. Require water quality sampling for, at a minimum, the following constituents:
   
a. pH

b. Temperature

   c. Dissolved oxygen
d. Ammonia; and  
e. Appropriate bacteria indicator

5. Require initiation of an impact assessment to evaluate potential short-term and long-term impacts to beneficial uses to waters of the state, for:
   a. Public health  
   b. Animal communities  
   c. Plant communities; and  
   d. Appropriate ecosystems

6. Require completion of the impact assessment required in E(5) above, within 180 days of SSO end time.

7. Allow for additional monitoring should the Water Boards require it for an SSO(s) of any size.

F. RECORD KEEPING REQUIREMENTS:  At minimum, the following records shall be maintained by the enrollee for a minimum of five (5) years and shall be made available for review by the Water Boards during an onsite inspection or through an information request:

1. General Records: The enrollee shall maintain records to document compliance with all provisions of the SSS WDRs and this MRP for each sanitary sewer system(s) owned, including any required records generated by an enrollee’s sanitary sewer system contractor.

2. SSO Records: The enrollee shall maintain records for each SSO, including but not limited to:
   a. Records to demonstrate that the enrollee has complied with subsection D.7 of the SSS WDRs, including:
      i. Photographic evidence. All photographic evidence used to comply with this subsection shall document the extent of the SSO, field crew response operations, and shall show site conditions after field crew SSO response operations have been completed. The enrollee shall document the date, time, location, and direction of photographs taken;  
      ii. Complaint records documenting how the enrollee responded to all notifications of possible or actual SSOs, both during and after business hours, including complaints that do not result in SSOs. Each complaint record shall include the following information, at a minimum:
         A. Date, time, and method of notification.  
         B. Date and time the complainant or informant first noticed the SSO.  
         C. Narrative description describing the complaint.  
         D. A statement from the complainant or informant, if they know, of whether or not the potential SSO may have reached waters of the state.  
         E. Name, address, and contact telephone number of the complainant or informant reporting the potential SSO (if not reported anonymously).
F. Follow-up return contact information for each complaint received (if not reported anonymously).

G. Final resolution of the complaint.

H. Work service request information used to document all feasible and remedial actions taken to comply with section D.7 of the SSS WDRs.

iii. Document steps and/or remedial actions undertaken by enrollee, using all available information to comply with section D.7 of the SSS WDRs.

iv. Document how any estimation(s) of volume(s) discharged and recovered (if applicable) were calculated.

3. SSMP Records: The enrollee shall maintain the following records in its approved SSMP or attached thereto, and update the SSMP, as appropriate, when deficiencies or out of date element(s) are discovered when conducting Monitoring, Measurement, and Program Modifications activities (required in subsection D.13(ix) of the SSS WDRs) or following SSMP Program Audits (required in subsection D.13(x) of the SSS WDRs):

a. A change log to document all changes made to the SSMP since its last certification, indicating when a subsection(s) of the SSMP was changed and/or updated and who authorized the change or update.

b. All records necessary to demonstrate compliance with all mandatory elements specified in subsection D.13 of the SSS WDRs, including but not limited to:

i. Records and supporting evidence relied upon should the enrollee claim that any mandatory element(s) required in subsection D.13 of the SSS WDRs is not applicable to the enrollee’s approved SSMP.

ii. Inspection records, testing records, and closed circuit television (CCTV) data related to properly operating, maintaining and managing all parts of the sanitary sewer system [subsection D.8 of the SSS WDRs].

iii. Records documenting that the enrollee is conducting in-house training on at least an annual basis on operations, maintenance, emergency response, the SSS WDRs, MRP, and the enrollee’s SSMP to demonstrate compliance with subsections D.8, D.13(iv)(d) and D.13.(vi)(d) of the SSS WDRs. These records shall document training of staff, management, and contractors.

iv. Records of enforcement of the enrollee’s legal authority to prevent illicit discharges into the sanitary sewer system [subsection D.13.(iii) of the SSS WDRs].

v. Inspection records documenting enrollee’s routine preventive maintenance activities [subsection D.13.(iv)(b) of the SSS WDRs].

vi. Records documenting the enrollee’s root control program [subsection D.13(iv) of the SSS WDRs].

vii. Records documenting development and implementation of an adequate sewer system rehabilitation and replacement program that identifies and prioritizes short-term and long-term rehabilitation actions to address deficiencies [subsection D.13.(iv)(b) of the SSS WDRs].
viii. Records for fats, oils, and grease or FOG Source Control Program including enforcement records required in section D.13(vii)(a) through (g) of the SSS WDRs.


x. Communication Program records demonstrating compliance with subsection D.13(xi) of the SSS WDRs.

xi. Records relied upon for any significant program changes or updates to the SSMP [subsection D.14 of the SSS WDRs].

4. **SSMP Internal Program Audit Records:** To comply with subsection D.13(x) of the SSS WDRs, the enrollee shall maintain all records relied upon to conduct its SSMP Internal Program Audit as required by Appendix 3 in this Amended MRP.

5. **Sanitary Sewer System Electronic Records:** The enrollee shall maintain all records and data from any sanitary sewer system electronic monitoring device(s), including but not limited to:
   a. Supervisory Control and Data Acquisition or SCADA records;
   b. Alarm system(s) records;
   c. Flow monitoring device(s) records; and,
   d. Other electronic monitoring records used to estimate waste water level, flow rate and/or volume.

G. **CERTIFICATION REQUIREMENTS:** The enrollee shall comply with the following minimum requirements:

1. All information required by the MRP to be reported into the CIWQS SSO Online Database shall be certified by a registered person designated as described in section J of the SSS WDRs (known as a Legally Responsible Official or LRO).

2. The registered person(s) designated shall certify all required information and reports under the penalty of perjury laws of the state.

3. The enrollee shall provide a current registered person(s) designated to enter and certify all required reports in the CIWQS SSO Online Database, including maintaining updated contact information for each current registered person(s). To add or change a designated registered person(s), the enrollee shall submit a request to the State Water Board within 30 days of the addition or change. The enrollee shall ensure that a person who is no longer authorized by the enrollee is deactivated from obtaining access into the CIWQS SSO Online Database by calling (866)792-4977 or e-mailing help@ciwqs.waterboards.ca.gov within 30 days of the change.

CERTIFICATION
The undersigned Clerk to the Board does hereby certify that the foregoing is a full, true, and correct copy of an order amended by the Executive Director of the State Water Board.

Jeanine Townsend
Clerk to the Board
APPENDIX 1
NOTIFICATION, REPORTING, MONITORING, AND RECORD KEEPING REQUIREMENTS

WATER RESOURCES CONTROL BOARD
ORDER NO. 2012-XXXX-EXEC
AMENDING MONITORING AND REPORTING PROGRAM
FOR
STATEWIDE GENERAL WASTE DISCHARGE REQUIREMENTS FOR
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To comply with section G of the SSS WDRs, the enrollee shall enter the following minimum information in the CIWQS SSO Online Database for SSO notification, reporting, monitoring, and record keeping. All of the enrollee’s information entered into the SSO Online Database, both before and after certification, will be archived. While it is understood that "draft" data [data not yet certified by the enrollee's LRO is preliminary, the enrollee should be prepared to justify to the Water Boards why data fields have been changed]. The enrollee shall use all available information to certify data that are complete, accurate, and justified by evidence maintained by the enrollee.

A. DRAFT CATEGORY 1 SSO

1. SSO Confirmation: Was this an SSO or a Private Lateral Sewage Discharge (PLSD)? [An SSO is a discharge caused by condition(s) in the enrollee’s sanitary sewer system, as defined by subsection A.1 of the Statewide Waste Discharge Requirements for Sanitary Sewer Systems (Order No. 2006-0003-DWQ). A PLSD is a discharge caused by condition(s) within private (non-enrollee owned) sanitary sewers connected to the enrollee’s sanitary sewer system, including private sewer laterals, private main lines, private pump stations, or other private (non-enrollee owned) sewer component(s).]

2. SSO Contact Information: Name, address, title, and telephone number of the contact person who can answer specific questions regarding this particular SSO. (name, address, title, and telephone #);

3. SSO Discovery Information: Name, address, and telephone number of complainant or informant, or enrollee staff who discovered the SSO (name, address, and telephone number);

4. SSO Notification Confirmation:6
   a. Cal EMA control number (#).
   b. Were other agency(s) notified about this SSO? (yes/no)

6 Notification to Cal EMA is not required for SSOs less than 1,000 gallons from publicly owned sanitary sewer system laterals consistent with California Code Regulations, Section 2250.
c. If yes to 4(b) above, name of agency(s) notified. [agency(s)]

d. If yes to 4(b) above, date and time when other agency(s) were notified. [date(s)/time(s)]

5. Brief Narrative description of SSO Event: (narrative description)

   a. Describe how the SSO event could have been prevented, or not, through proactive maintenance practices.

6. SSO Volume Estimation:

   a. Estimated spill volume that reached a separate storm drain that flows to waters of the state. (gallons)

   b. Estimated spill volume recovered from the separate storm drain that flows to waters of the state. (gallons)

   c. Estimated spill volume that reached a drainage channel that flows to waters of the state. (gallons)

   d. Estimated spill volume recovered from a drainage channel that flows to waters of the state. (gallons)

   e. Estimated spill volume discharged directly to waters of the state. (gallons)

   f. Estimated volume discharged inside a building or structure. (gallons)

   g. Estimated volume recovered from inside a building or structure. (gallons)

   h. Estimated volume discharged directly to land. NOTE: Includes discharges directly to land and discharges to a storm drain system or drainage channel that flows to a storm water infiltration/retention structure, field, or other non-surface water location. (gallons)

   i. Estimated SSO volume recovered from land. NOTE: Recovery amounts shall not include water used for clean up. (gallons)

   j. Estimated Total Volume Spilled. (gallons) [auto calculated]

   k. Estimated total SSO volume recovered for entire SSO event. NOTE: Recovery amounts shall not include wash down water or other external water sources. (gallons) [auto calculated]

7. SSO Start and End Information:

   a. Date and time the enrollee was made aware of the SSO, based on information received from a complainant, informant or through self-discovery (whichever is earlier). (date/time)

   b. Date and arrival time to the scene of the SSO by the crew responsible for containment of the SSO. (date/time)

   c. Estimated ongoing SSO discharge rate (if ongoing) at the time the crew responsible for SSO containment arrived at the scene of the SSO. (gallons per minute);

   d. SSO stop date and time. (date/time or ongoing)

   e. Description of how SSO start date and time were calculated, include the date and time the complainant or informant first noticed the SSO, unless self-discovered. (narrative description)
8. Failure Point Location(s):
   a. Has an SSO(s) occurred at this location since September 2, 2007? (yes/no)
      i. If yes, how many times? (#)
   b. GPS coordinates of SSO failure location(s) [latitude(s) and longitude(s)] [link to SSO MAPPING TOOL HERE].
   c. Description or address of SSO failure location(s). (narrative description)
   d. County. (auto-populate)
   e. City. (auto-populate)
   f. State. (auto-populate)
   g. Zip Code. (auto-populate)
   h. Regional Water Quality Control Board. (auto-populate)
   i. Select Sewer Asset Type at Failure Point:
      i. Air Relief Valve (ARV)/Blow-Off Valve (BOV)
      ii. Force main
      iii. Gravity mainline
      iv. Lower Lateral (Public)
      v. Manhole
      vi. Pump Station-Controls
      vii. Pump Station-Mechanical
      viii. Pump Station-Power
      ix. Siphon
      x. Upper Lateral (Public), and
      xi. Other Asset - Describe (Narrative description)
   j. If applicable, diameter of sewer pipe at failure point. (inches or N/A)
   k. If applicable, material of sewer pipe at failure point. (select or N/A)
   l. Estimated age of sewer asset at failure point. (year constructed)

9. SSO Appearance Point(s): NOTE: If a single failure produces an SSO that appears in multiple locations, the enrollee shall describe each location:
   a. Number of SSO appearance points. (#)
   b. Describe location of each appearance point. (narrative description)
   c. Enter GPS coordinates of each SSO appearance point or attach a sketch to illustrate the geographic location(s) of each SSO appearance point. (narrative description) and/or (sketch in .PDF)
   d. Select all asset(s) from which the SSO appeared: [allow multiple selections]:
i. Combined Sewer Drain Inlet (combined sewer only)
ii. Force Main
iii. Gravity Mainline
iv. Inside Building or Structure
v. Lateral Clean Out (Private)
vi. Lateral Clean Out (Public)
vii. Lower Lateral (Private)
viii. Lower Lateral (Public)
ix. Manhole
x. Pump Station
xi. Upper lateral (Private)
 xii. Upper Lateral (Public)
xiii. Siphon
xiv. Other enrollee-owned sanitary sewer system structure – describe (narrative description)
xv. Other Non-enrollee-owned sanitary sewer system structure – describe (narrative description)

10. SSO Response Activities:
   a. Brief description of SSO Response Activities. (mandatory description)
   b. Select all relevant SSO response activities from menu: (allow multiple selections)
      i. Cleaned up
      ii. Mitigated effects of SSO
      iii. Contained all or portion of SSO
      iv. Restored flow
      v. Returned all of SSO to sanitary sewer system
      vi. Returned portion of SSO to sanitary sewer system
      vii. Property owner notified
     viii. Other Agency notified
      ix. SSO still ongoing (for Draft reports only)
      x. Water quality sampling conducted
      xi. Impact assessment initiated
      xii. Inspected failure point using CCTV to determine cause
      xiii. Other – describe (narrative)
11. **Submit Draft SSO Report:** To complete the Draft SSO report, the LRO or Data Submitter\(^7\) must select “Submit Draft” in the CIWQS SSO Online Database.

**B. CERTIFIED CATEGORY 1 SSO**

1. All fields in subsection A(1) through A(10), above.

2. Was a written report about this SSO submitted to the Regional Water Board? (yes/no)

3. Name(s) and title(s) of field SSO response member(s) and each member’s role and responsibilities during the SSO event?

4. Describe how the volume estimations were calculated, including, at a minimum, the following information: (narrative)
   a. Name(s) and title(s) of staff providing the initial and final estimates of the volume of the SSO discharged, and the volume of SSO recovered (if any of the SSO was recovered).
   b. The methodology and type of data relied upon, including supervisory control and data acquisition (SCADA) records, flow monitoring or other telemetry information used to estimate the volume of the SSO discharged and the volume of the SSO recovered (if any of the SSO was recovered).
   c. The methodology and type of data relied upon to estimate the SSO start time, on-going SSO rate at time of arrival (if applicable), and the SSO end time.

5. **SSO Final Destination:** (select all that apply)
   a. Ocean beach(es), and if selected, provide the following information:
      i. Specify name of ocean beach(es). (name)
      ii. Were health warnings posted? (yes/no)
      iii. Did the SSO result in an ocean beach closure? (yes/no)
      iv. Entity responsible for closing ocean beach. (name or n/a)
      v. Number of days closed as a result of the SSO. (# or ongoing)
      vi. Visual inspection of impacted ocean beach(s). (narrative description)
   b. Building or Structure.
   c. Combined Storm Drain. (combined sewer only)
   d. Paved Surface.
   e. Separate Storm Drain, and if selected, provide the name, if know, of the storm drain system. (narrative description)

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\(^7\) A data submitter is any individual authorized by a LRO to enter data into the online sanitary sewer overflow (SSO) database on behalf of an agency enrolled under Statewide General Waste Discharge Requirements for Sanitary Sewer Systems (WQO No. 2006-0003).
f. Drainage Channel, and if selected, provide the name, if known. (*narrative description*)

g. Street/Curb and Gutter.

h. Waters of the state other than ocean, and if selected, provide the following information:
   i. Specify name of water(s) of the state. (*name*)
   ii. Is this water body used for contact recreation (e.g., beaches, swimming areas)? (*yes/no*)
   iii. Is this water body used as a source of drinking water? (*yes/no*)
   iv. Were health warnings posted? (*yes/no*)
   v. Did the SSO result in the closure of the water(s) of the state? (*yes/no*)
   vi. If yes, responsible entity closing waters of the state(s). (*name*)
   vii. Number of days closed as a result of the SSO. (*# or ongoing*)
   viii. Visual inspection of impacted water(s) of the state. (*narrative description*)

i. Unpaved Surface.

j. Other, and if selected, provide a brief narrative description. (*narrative description*)

6. **SSO Cause:** (select all that apply):
   a. Construction Diversion Failure.
   b. Air Relief Valve (ARV)/Blow-Off Valve (BOV) Failure.
   c. Damage by others not related to sanitary sewer system.
   d. Construction/maintenance.
   e. Debris from Construction.
   f. Debris from Lateral.
   g. Debris – General.
   h. Debris – Rags.
   i. Flow Exceeded Capacity due to wet weather event.
   j. Flow Exceeded Capacity not due to wet weather event.
   k. Fats, oils and grease (FOG) deposition.
   l. Illicit Discharge to sanitary sewer system.
   m. Natural Disaster - Describe the event and how it resulted in the SSO. (*narrative description*)
   n. Non-flushable wipes.
   o. Sanitary sewer system operator error (Enrollee).
   p. Sanitary sewer system operator error (Enrollee Contractor/Subcontractor).
   q. Pipe Structural Problem/Failure.
   r. Installation failure.
s. Pump Station Failure – Controls.

t. Pump Station Failure – Mechanical.

u. Pump Station Failure – Power.

v. Rainfall Exceeded Design and/or Inflow and Infiltration (I/I).

w. If yes to (i) or (u) above, describe the wet weather event and how it resulted in the SSO. 
(narrative description)

x. If yes to (i) or (u) above, specify time and duration of precipitation associated with this storm event:
   
i. Inches per hour. (# of inches per hour)
   
ii. Number of hours. (#)

y. Root Intrusion.

z. Siphon Failure.

aa. Surcharged Pipe.

bb. Unknown - Describe (description).

cc. Vandalism – Describe. (narrative description)

dd. Other – Describe. (narrative description)

7. SSO Cause Investigation:

   a. Is there an ongoing investigation into the cause of this SSO?  If yes: (yes/no)
      
i. Provide reason(s) for ongoing investigation. (narrative description)
      
ii. Expected date of completion of investigation. (date)
      
iii. If investigation is complete, describe:
          
A. Investigation conducted. (narrative description)
          
B. Information known about possible cause(s). (narrative description)

8. Corrective Action:

   a. Was enforcement action taken against an illicit discharge in response to this SSO? (yes/no)

   b. System modifications to prevent SSO from recurring at the same location: (Select all that apply)
      
i. Added asset to preventive maintenance program.
      
   ii. Adjusted schedule/method of preventive maintenance.
      
   iii. Plan rehabilitation or replacement of sanitary sewer asset.
      
   iv. Inspected, repaired asset(s), or replaced defective asset.
      
   v. Other – Describe. (narrative description)

   c. To comply with Water Code section 13193 and subsection D.13(iv)(c) of the SSS WDRs, provide a description of the corrective action taken for any item(s) identified in 10(c) above. (narrative description)
9. **Certification:** To complete certified SSO report, the LRO select “Certify” in the CIWQS SSO Online Database:

   I, (name), the approved Legally Responsible Official (LRO) for sanitary sewer system (name and Waste Discharge ID Number) certify under penalty of law that I am (name), the actual person certifying this report in accordance with section J of the Statewide Waste Discharge Requirements for Sanitary Sewer Systems (Order No. 2006-0003-DWQ).

   I, (name), the approved Legally Responsible Official (LRO) for sanitary sewer system (name and Waste Discharge ID Number) certify under penalty of law that based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information reported herein, the information in this SSO report 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 a fine or imprisonment for knowing violations." (YES=CERTIFY; NO=NOT CERTIFIED)

C. **DRAFT CATEGORY 2 SSO**

   A(1) through A(11), above, except A(4) above.

D. **CERTIFIED CATEGORY 2 SSO**

   1. A(1) through A(10), above, except A(4) above.
   2. B(4) through B(11), except B(9).

E. **DRAFT CATEGORY 3 SSO**

   No draft report is required.

F. **CERTIFIED CATEGORY 3 SSO**

   1. A(1) through A(10), above, except A(4) above.
   2. B(4) through B(11), except B(9).

G. **SSO TECHNICAL REPORT:** The enrollee shall submit and certify an SSO Technical Report in the CIWQS SSO Online Database within 30 calendar days of SSO stop date and time for any SSO in which 50,000 gallons or greater are not recovered from waters of the state. This report, which does not preclude the Water Boards from requiring a more detailed analysis if requested, shall include, at a minimum the following:

   1. **Causes and Circumstances of the SSO:**
      a. Complete and detailed explanation of how and when the SSO was discovered.
      b. Maintain, as required by section D.7 of the SSS WDRs, service request documentation evidence used to document all steps and remedial actions. (yes/no)
c. Photographic evidence as required by subsection F.2 (a)(i) of the MRP shall document the extent of the SSO, field crew response operations, and reveal site conditions after field crew SSO response operations have been completed.

d. Diagram showing the SSO failure point, appearance point(s), and final destination(s);

e. Detailed description of the methodology employed and available data used to calculate the volume of the SSO and any recovery amounts.

f. Detailed description of the cause(s) of the SSO.

g. Historical maintenance records for the failure location.

2. Enrollee’s Response to SSO:

a. Chronological narrative description of all actions taken by enrollee to terminate the discharge.

b. Explanation of how the SSMP Overflow Emergency Response plan was implemented to respond and mitigate the SSO.

c. Final corrective action(s) completed or projected, including a schedule for actions not yet completed.

3. Monitoring and Analysis of SSO:

a. Description of all water quality sampling activities conducted, including analytical results and evaluation of the results.

b. Detailed location map for any subsequent water quality sampling and reference point(s).

4. Impacts of SSO:

a. Name and contact information of the responsible person(s) conducting impact assessment.

b. Description of impact assessment to evaluate short- and long-term impacts to beneficial uses required in this Amended MRP.

5. Monitoring Information:

Sampling and impact assessment to evaluate short- and long-term impacts to beneficial uses of waters of the state (required for any Category 1 SSO in which 50,000 gallons or greater are not recovered from waters of the state):

a. Description of water quality sampling results. (narrative description)

b. Submittal of water quality data report(s). (upload .PDF in CIWQS)

c. Identify which regulatory agencies received sample results. (if applicable)

d. Date of expected results from impact assessment to evaluate potential short- and long-term impacts to waters of the state impacted by the SSO. (date)

6. Financial Information:

a. Comprehensive Annual Financial Report information:

   i. Current Assets and Liabilities. (attach table in .PDF)

   ii. Operating Revenue and Expenses. (attach table in .PDF)
7. **Certification:** To complete certified SSO report, the LRO must select “Certify” in the CIWQS SSO Online Database:

   *I, (name), the approved Legally Responsible Official (LRO) for sanitary sewer system (name and Waste Discharge ID Number) certify under penalty of law that I am (name), the actual person certifying this report in accordance with section J of the Statewide Waste Discharge Requirements for Sanitary Sewer Systems (Order No. 2006-0003-DWQ).*

   *I, (name), the approved Legally Responsible Official (LRO) for sanitary sewer system (name and Waste Discharge ID Number) certify under penalty of law that based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information reported herein, the information in this SSO Technical Report 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 a fine or imprisonment for knowing violations.” (YES=CERTIFY; NO-NOT CERTIFIED).

H. **CERTIFIED MONTHLY “NO SSO”**

   *I, (name), the approved Legally Responsible Official (LRO) for sanitary sewer system (name and Waste Discharge ID Number) certify under penalty of law that I am (name), the actual person certifying this report in accordance with section J of the Statewide Waste Discharge Requirements for Sanitary Sewer Systems (Order No. 2006-0003-DWQ).*

   *I, (name), the approved Legally Responsible Official (LRO) for sanitary sewer system (name and Waste Discharge ID Number) am aware that an SSO is any overflow, spill, release, discharge or diversion of untreated or partially treated wastewater from a sanitary sewer system as defined by Section A. 1. of the Statewide Waste Discharge Requirements for Sanitary Sewer Systems (Order No. 2006-0003-DWQ).*

   *I, (name), the approved Legally Responsible Official (LRO) for sanitary sewer system (name and Waste Discharge ID Number), certify under penalty of law that based on my inquiry of the person or persons who manage this system, No SSO occurred from the sanitary sewer system in the month of (month/year). I am aware that there are significant penalties for submitting false information, including the possibility of a fine or imprisonment for knowing violations.” (YES=CERTIFY; NO-NOT CERTIFIED)

I. **PRIVATE LATERAL SEWAGE DISCHARGE REPORTS**

   If known, the enrollee is encouraged to report all private sewer discharges to the CIWQS SSO Online Database no later than 90 days after the time and date that the enrollee is originally made aware of the discharge. At a minimum, the following information should be reported to the CIWQS SSO Online Database: (NOTE: certification of these reports is not required by the LRO.)

   1. The address or most accurate location information known (e.g., GPS Coordinates) of the appearance point of the private sewer discharge.
   2. Identification of the sewage discharge as a private sewage discharge.
   3. Responsible party contact information (if known).
   4. Cause (if known) of the private sewer discharge.
APPENDIX 2
COLLECTION SYSTEM QUESTIONNAIRE REQUIREMENTS

WATER RESOURCES CONTROL BOARD
ORDER NO. 2012-XXXX-EXEC
AMENDING MONITORING AND REPORTING PROGRAM
FOR
STATEWIDE GENERAL WASTE DISCHARGE REQUIREMENTS FOR
SANITARY SEWER SYSTEMS

To comply with section G of the SSS WDRs, the enrollee shall enter the following minimum information in the CIWQS SSO Online Database to complete the mandatory Collection System Questionnaire (Questionnaire). The enrollee shall use all available information to certify data that is complete, accurate and justified by evidence maintained by the enrollee.

A. GENERAL INFORMATION

1. Waste Discharge ID (WDID) and official sanitary sewer system name: (WDID/name)

2. Sanitary sewer system category: (municipal, park, school, military, hospital, prison, airport, port).

3. Primary points of contact:
   a. Onsite agency contact person for the sanitary sewer system (name, title, address, email and telephone number)
   b. Is any aspect of the sanitary sewer system contract operated (e.g. CIWQS Reporting, Maintenance, etc.)? (yes/no)
      i. If yes, provide contact information of contractor (name, title, address, email and telephone number).
      ii. What is the contractor’s scope of services?

4. Population served by sanitary sewer system and population basis (# and select all that apply from menu).

5. Estimated service area (square miles).

6. Map showing sanitary sewer system service area boundaries (attach PDF image).

7. Does this sanitary sewer system discharge to a wastewater treatment plant (WWTP) or separately enrolled sanitary sewer system? (yes/no)
   a. If yes, list the appropriate names and WDIDs [list only WWTP information if sewer system discharges directly to the WWTP, otherwise list the name(s) and WDIDs, if known, for the sewer system discharged to and WWTP]. (Name, WDID, or Unknown)
b. If no, list the name and WDID, if known, for the facilities discharged to that are not owned by your agency. (Name, WDID#, or Unknown)

8. Do separately enrolled sewer systems that are also owned by your agency discharge to this sewer system?
   a. If yes, list the name and WDID for the sanitary sewer system(s). (Name, WDID)
   b. If no, list the name and WDID, if known, for the facilities that are not owned by your agency tributary to this sanitary sewer system(s). (Name, WDID, or Unknown)

9. Internet address where required SSMP can be downloaded; (link or N/A)

B. COMPLIANCE INFORMATION

1. Since last questionnaire update:
   a. Total number of possible SSO notifications received from complainants or informants. (#)
   b. For B(1)(a) above, number of complaints responded to that were private sewer discharges. (#)

2. Location where records are available for inspection as required by subsection F in Attachment A of this MRP? (Description)

3. Have any additional sanitary sewer systems been acquired in the past 12 months, see Sections B.1 and H of the SSS WDRs? (yes/no)

C. ASSETS AND EQUIPMENT INFORMATION

1. Estimated inventory of sanitary sewer system assets. [table]

2. Diameters (inches) and lengths (miles) of gravity sewer main lines and separate force main(s).

3. Age (effective year) and percentage (%) of gravity sewer main lines, separate force main(s) (%), individual pump station(s) rated at greater than 75,000 gallons/day (#), and individual pump station(s) rated at 75,000 gallons/day and less (#). (table)

4. Estimated miles of sanitary sewer service laterals (upper and lower service laterals) connected to main line sewers. (miles)

5. Portion(s) of sewer service laterals owned and/or maintained by enrollee. (upper, lower, upper and lower, none)

6. Does enrollee have an active financial assistance program for replacement of private sanitary sewer service laterals? (yes/no)

7. Estimation of number of system-wide sewer service lateral connections:
   a. Residential (#)
   b. Commercial (#)
   c. Commercial with Food Service Establishment (FSE) (#)

8. For pump station(s) in C(1) above:
   a. Number with less than one hour of hold time when not in operation. (#)
b. Number with permanently installed operational emergency backup generator. (#)
c. Number with supervisory control and data acquisition (SCADA). (#)
d. Number with built-in bypass capability and connection for portable generator. (#)

9. Miles of aerial and/or underground sanitary sewer pipelines crossing waters bodies. (#)

10. Number and miles of sanitary sewer siphons. (#/miles/ n/a)

11. Number of air relief valve(s) and/or blow off valves installed. (#)

12. Does your agency CCTV after a spill occurrence?

D. FLOW INFORMATION

1. Estimated volumes of sanitary sewer system source(s):
   a. Residential sources. (MGD)
   b. Commercial sources. (MGD)
   c. Commercial sources with food service establishment. (MGD)

2. Estimated sewer system flow characteristics:

<table>
<thead>
<tr>
<th>Average Daily Dry Weather Flow (MGD)</th>
<th>Peak Daily Wet Weather Flow (MGD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Number]</td>
<td>[Number]</td>
</tr>
</tbody>
</table>

   [Enter description of how information was derived (calculated from equivalent dwelling units (EDUs), flow measurement, etc.)]

   [Enter description of how information was derived (calculated from EDUs, flow measurement, etc.)]

3. What continuous flow monitoring been performed and recorded in the past 12 months? Select all type(s) of flow monitoring done:
   b. Monitoring for billing.
   c. Other – describe. (description)

E. STAFFING INFORMATION

1. Levels of staff dedicated to sanitary sewer system:
   a. Entry level (#)
   b. Journey (#)
   c. Supervisory (#)
   d. Managerial (#)
2. Numbers of staff with CWEA Sanitary Sewer System Maintenance Certification dedicated to sanitary sewer system:
   a. Grade I (#)
   b. Grade II (#)
   c. Grade III (#)
   d. Grade IV (#)

3. For E (1), number of current dedicated Full Time Equivalent position vacancies. (#)

4. Does enrollee require CWEA certification for all dedicated sanitary sewer system employees? (yes/no)

F. FINANCIAL INFORMATION

1. Number of billed sanitary sewer system connections. (#)

2. Average monthly household fees for sewage collection. ($/month)

3. Sanitary sewer fee rate basis. (select: flat rate, water consumption, measured flows, etc.)

4. Operations and maintenance expenditures on sanitary sewer system assets (past 12 months). ($)

5. Rehabilitation and replacement expenditures on sanitary sewer system assets (past 12 months). ($)

6. Capital improvement expenditures on sanitary sewer system assets (past 12 months). ($)

7. Capital improvement budget for sanitary sewer system assets (current fiscal year). ($)

G. CERTIFICATION

I, (name), the approved Legally Responsible Official (LRO) for sanitary sewer system (name and Waste Discharge ID Number) certify under penalty of law that I am (name), the actual person certifying this report in accordance with section J of the Statewide Waste Discharge Requirements for Sanitary Sewer Systems (Order No. 2006-0003-DWQ.)

I, (name), the approved Legally Responsible Official (LRO) for sanitary sewer system (name and Waste Discharge ID Number) certify under penalty of law that based on my inquiry of the person or persons who manage this system, or those persons directly responsible for gathering the information, the information in this Collection System Questionnaire 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 a fine or imprisonment for knowing violations.” (YES=CERTIFY; NO-NOT CERTIFIED)
APPENDIX 3
SSMP PROGRAM AUDITS

WATER RESOURCES CONTROL BOARD
ORDER NO. 2012-XXXX-EXEC
AMENDING MONITORING AND REPORTING PROGRAM
FOR
STATEWIDE GENERAL WASTE DISCHARGE REQUIREMENTS FOR
SANITARY SEWER SYSTEMS

This Appendix outlines the mandatory information that must be included in the enrollee’s Sewer System Management Plan (SSMP) Internal Program Audits to satisfy compliance with subsection D.13(x) of the SSS WDRs. The enrollee shall use all available information to ensure data that is complete, accurate, and justified by evidence maintained by the enrollee.

A. SSO HISTORIC DATA

1. Number of potential SSO service calls received since last SSMP Internal Program Audit.
2. Number of SSOs reported since last SSMP Internal Program Audit.
3. Reported total volume of SSOs since last SSMP Internal Program Audit.
4. Reported total volume of SSOs that reached waters of the state since last SSMP Internal Program Audit.
5. Percent volume of SSOs recovered since last SSMP Internal Program Audit.
6. Average SSO response time since last SSMP Internal Program Audit.
7. Average SSO duration time since last SSMP Internal Program Audit.

B. SSO REDUCTION PERFORMANCE GOALS

1. SSO reduction goals specific in last SSMP Internal Program Audit (% reduction/total number of SSOs). (auto-generated from CIWQS)
2. SSO reduction performance goals projected before enrollee’s next SSMP Internal Program Audit (% reduction/number of SSOs).
3. Descriptions of specific changes to be implemented to meet target goal reductions specified in B(2) above:
   a. Change(s) to be employed to sanitary sewer system cleaning. (description)
   b. Change(s) to be employed to sanitary sewer system tools and/or technology. (description)
   c. Change(s) to be employed to sanitary sewer system maintenance and repair schedules. (description)
d. Change(s) to be employed to sanitary sewer system best management practices (BMPs). (description)

e. Change(s) to be employed to sanitary sewer system staffing levels. (description)

f. Change(s) to be employed to sanitary sewer system funding levels. (description)


g. Change(s) to be employed to sanitary sewer system training. (description)

4. Describe related sanitary sewer system rehabilitation and capital improvement projects, including schedules and costs, planned before your next SSMP Internal Program Audit: (narrative description)

5. Target goals for time between notification of potential SSO and arrival on scene for containment, during:

   a. Normal business hours. (minutes)

   b. After hours/holidays. (minutes)

C. SSMP EFFECTIVENESS

[Subsection D.13(x) of SSS WDRs]

1. Date of last SSMP Internal Program Audit. (date – auto generated)

2. Person(s) responsible for certifying last SSMP Internal Program Audit and contact information. (enter info or auto-generate)

3. Have all SSOs (defined in section A.1 of SSS WDRs) since your last SSMP Internal Program Audit been reported into CIWQS and are the SSO reports accurate?

4. Is the enrollee implementing all elements of its approved SSMP? (yes/no)

5. If no to C(4) above, provide reason(s) why all SSMP elements are not being implemented. (narrative description)

6. If SSO reduction goals in B(1) above, were met, describe the factors that contributed to this success. (narrative description)

7. If SSO reduction goals in B(1) above, were not met, describe why. (narrative description)

8. To comply with subsection D.7(iv) of the SSS WDRs, describe all corrective action(s) planned before your next SSMP Internal Program Audit to address the top 10 SSO causes experienced since your last SSMP Internal Program Audit. (narrative description)

9. To comply with subsection D.8 of the SSS WDRs, describe the top three challenges your agency faces and corresponding initiative(s) to be implemented before your next SSMP Internal Program Audit to better operate, maintain, and manage all parts of the sanitary sewer system. (narrative description)

10. To comply with subsection D.13(xi) of the SSS WDRs, describe the enrollee’s Plan of Communication including challenges and the plan’s effectiveness at:

    a. Communication with the public on development, implementation, and performance of its SSMP. (narrative description)
b. Communication with sanitary sewer system(s) tributary and/or satellite to the enrollee's sanitary sewer system. (narrative description)

D. SSMP COMPLIANCE

[Subsection D.13(x) of SSS WDRs]

List compliance status of the enrollee's approved SSMP with all elements in subsection D.13 of the SSS WDRs: (1 - in compliance, 2 - not in compliance, or 3 – N/A with written justification in SSMP)

1. Goal/Organization. (select 1, 2 or 3)
2. Legal Authority. (select 1, 2 or 3)
3. Operation and Maintenance Program. (select 1, 2 or 3)
4. Design and Performance Provisions. (select 1, 2 or 3)
5. Overflow Emergency Response Plan. (select 1, 2 or 3)
6. System Evaluation and Capacity Assurance Plan. (select 1, 2 or 3)
7. Monitoring, Measurement, and Program Modifications. (select 1, 2 or 3)
8. SSMP Internal Program Audits. (select 1, 2 or 3)
9. Communication Program. (select 1, 2 or 3)

E. SSMP DEFICIENCES

[Subsection D.13(x) of SSS WDRs]

List compliance deficiencies identified in section D above, and steps to correct deficiencies over the next 24 calendar months:

(1 - Satisfactory, 2 – deficient, or 3) - N/A with written justification in SSMP)

1. Goal/Organization. (select 1, 2 or 3)
2. Legal Authority. (select 1, 2 or 3)
3. Operation and Maintenance Program. (select 1, 2 or 3)
4. Design and Performance Provisions. (select 1, 2 or 3)
5. Overflow Emergency Response Plan. (select 1, 2 or 3)
6. System Evaluation and Capacity Assurance Plan. (select 1, 2 or 3)
7. Monitoring, Measurement, and Program Modifications. (select 1, 2 or 3)
8. SSMP Internal Program Audits. (select 1, 2 or 3)
9. Communication Program. (select 1, 2 or 3)