SONOMA COUNTY WATER AGENCY
Maintenance Crew Report of Spill or Stoppage

Report No. _____

MONTH	DAY	YEAR	DISTRICT / CSA

Time Notified	Time of Arrival at Site	Time of Departure from Site

STOPPAGE? Yes ☐ No ☐ **OVERFLOW?** Yes ☐ No ☐

SITE INFORMATION

Name _____

Address _____

_____

Phone _____

Owner Contacted Live? ☐ Tenant Contacted Live? ☐
By Phone Message? ☐ By Phone Message? ☐
No Contact Made. ☐ No Contact Made. ☐

Downstream M.H. _____
Upstream M.H. _____
Lateral Line ☐
Main Line ☐
Private System ☐
Feet to Stoppage from Downstream M.H. _____

SUSPECTED CAUSE?		PIPE INFORMATION			
Broken Pipe	☐	AC	☐	CI / DI	☐
Grease	☐	VCP	☐	Plastic	☐
Roots	☐	CP	☐	Other	☐
I & I	☐	Slip Lined	☐		
Other	☐ _____	Line Size	_____		

ESTIMATED AMOUNT OF OVERFLOW

		Describe Path of SSO:
GPM		
Duration of Spill		
Gallons Recovered		
Est. Gallons Unrecovered		

CLEANUP, CREW & EQUIPMENT

Vacuumed Debris ☐ Flushed Area ☐ Signage Used ☐

Gallons of Flush Water Used: _____ Gallons of Flush Water Recovered: _____

Crew (initials)	Time (hr.)	Equipment	Time (hr.)	Materials Used

DOCUMENT TRACKING INFORMATION

Report Completed by: _____ Date: _____

Received by:

Maintenance Coordinator: _____ Date: _____

Operations Coordinator: _____ Date: _____

White Copy to SCWA File Yellow Copy to RWQCB Pink Copy to Maintenance File

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INCIDENT NARRATIVE

SITE DIAGRAM

ATTACHED DOCUMENTS				
Photos	☐		Sketches	☐
Calculations	☐		Video	☐
Invoices	☐		Other	☐ _____

White Copy to SCWA File Yellow Copy to RWQCB Pink Copy to Maintenance File