SONOMA COUNTY WATER AGENCY
Initial Report of Spill or Stoppage

Report No. _____

Operator Name	Date	Time

REPORTING PARTY INFORMATION

Name _____ Phone _____

Address _____ _____

_____

Location of Problem _____

_____

_____

Time Noticed _____ Time Flow Stopped _____ Estimated Flow _____

Clean Water or Sewage (debris, odor, etc.)_____

Description of downstream area (gutter, ditch, field, stormdrain, etc.) Try to determine proximity to creek or waterway.

_____

_____

_____

Additional Information _____

_____

AGENCY STAFF NOTIFIED

Maintenance Coordinator	☐	Reported To: _____	Time: _____
Operations Coordinator	☐	Reported To: _____	Time: _____
Other	☐	Reported To: _____	Time: _____
Other	☐	Reported To: _____	Time: _____

REGULATORY AGENCY SPILL NOTIFICATION

Agency		Reported To:	Time:	Check if reported to voice mail
RWQCB	☐	_____	_____	☐
California OES	☐	_____	_____	☐
Follow–up OES Notification	☐	_____	_____	☐
County Health Services	☐	_____	_____	☐
Calif. Dept. of Fish & Game	☐	_____	_____	☐

White Copy to SCWA Admin File Yellow Copy to Ops File