SONOMA COUNTY WATER AGENCY

Report No.

Initial Report of Spill or Stoppage

OPERATOR NAME	DATE	TIME

Name: Phone:

Address:

Location of Problem:

Time Noticed Time Flow Stopped Estimated Flow

Clean Water or Sewage (debris, ordor, etc.)

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

West County: >5 gallons or to Surface Water? (Immediate Notification)
East County: >1000 gallons **or** to Surface Water? (24 hour ERS required)

Additional Information:

AGENCY STAFF NOTIFIED				
	✓	Reported To:	Time:	
Maintenance Coordinator				24 Hr ERS
Operations Coordinator				Internal Notification
Other				
Other				

REGULATORY AGENCY SPILL NOTIFICATION				
Agency:	✓	Reported To: (Name)	Time:	Check if reported to voice mail
RWQCB				
California OES		**OES#**		
Follow–up OES Notification				
County Health Services				
Calif. Dept. of Fish & Game				