SANITARY SEWER OVERFLOW & BACKUP RESPONSE PLAN

For

Triunfo Sanitation District

Frequency

Sound Sewer Collection System Maintenance Practices

Severity

Immediate, Pre-Planned Response Practices
Effective Coordination With Claims Handling Staff
Professional Claims Handling Practices

LEADS TO

Reduced Frequency and Severity of Sanitary Sewer Overflows and Backups

Final 2/20/06

Prepared by David Patzer, Risk Management Solutions
707.373.9709 or losscontrol@sbcglobal.net
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- Warning Raw Sewage Public Notification Posting

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*Prepared by David Patzer, 707.373.9709  
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PURPOSE & DEFINITIONS

PURPOSE

The purpose of this Sewer Spill Overflow Response Plan is to insure that the Triunfo Sanitation District (TSD) personnel follow established guidelines in cleaning up and decontaminating sewer spills which may occur within the TSD service area. The TSD will follow reporting procedures in regards to sewer spills as set forth by Proposition 65 and California Code of Regulations Title 19.

POLICY

TSD employees are required to report all wastewater overflows found and to take the appropriate action to secure the wastewater overflow area, relieve the cause of the overflow, and ensure that the affected area is cleaned as soon as possible to minimize health hazards to the public and protect the environment. TSD’s goal is to respond to sewer system overflows as soon as possible following notification.

DEFINITIONS AS USED IN THIS SEWER OVERFLOW RESPONSE PLAN

MINOR OVERFLOW and/or BACKUP: A sewage overflow or backup that does not contaminate a property owner’s premises, can be effectively cleaned-up by TSD personnel and/or does not require regulatory notification:

A minor SEWER BACKUP is one that:
- Is confined to the affected drain area and does not enter other rooms and,
- Does not contaminate carpet, walls, furniture or other homeowner belongings that require specialized cleaning and/or disinfection and,
- Does not pose a threat to public health and
- Is less than 100 gallons

MAJOR OVERFLOW and/or BACKUP: A sewage overflow or backup that contaminates a property owner’s premises, cannot be effectively cleaned-up by TSD personnel and/or requires regulatory notification:

A major SEWER BACKUP is one that:
- Spreads beyond the immediate drain area into other living areas or
- Contaminates wall-to-wall carpeting, walls, furniture or other homeowner belongings that require specialized cleaning and/or disinfection or
- Poses a threat to public health and/or
- Is greater than 100 gallons

TPA (also known as Third Party Administrator): This is the claims administration firm that CSRMA contracts to administer its liability claims (Carl Warren & Co.).

CSRMA also known as the California Sanitation Risk Management Authority): This is the risk sharing pool that TSD obtains its general liability insurance.

EV-Link: This is the environmental damage project management firm that TSD uses to oversee the emergency cleanup of property damaged by sewer overflows and/or backups.
SEWER BACKUP CLAIMS HANDLING POLICY

It is the Policy of the TSD that claim forms shall be offered to anyone wishing to file a claim. The following procedures will be observed for all sewer backup claims:

1. TSD staff will offer a TSD claim form to anyone experiencing a sewer backup resulting from an apparent blockage in the TSD owned sewer lines. The claim will be processed pursuant to TSD and Carl Warren & Co. procedures.

2. It is the responsibility of TSD staff to gather information regarding the incident and notify the TSD Director of Finance or their designee.

3. It is the responsibility of the TSD Director of Finance or their designee to review all claims and to oversee the adjustment and administration of the claim to closure.

**SEWER BACKUP CLAIMS HANDLING PROCEDURE SUMMARY**

**Sewer Backup Into A Building**

**TSD Collections Staff Respond**

**Does The Backup Appear To Be As A Result Of A Failure In The TSD Owned Sewer Lines?**

**Inform Owner/Tenant The Cause Of The Backup Is Not In The TSD Owned Sewer Lines**

**Carl Warren & Co. Performs The Following:**

1. Initiate Contact With The Owner/Tenant
2. Make All Future Arrangements For Lodging, Food & Incidentals
3. Investigate Loss
4. Adjust & Administer Claim To Closure

**TSD Collections Staff Perform the Following:**

1. Relieve Blockage
2. Contact EV Link at 1.800.413.2999 and Request a Restoration Firm be Dispatched
3. Provide Owner/Tenant With The Following:
   - Sewer Backup Customer Information Letter
   - “How Your Sewer System Works” Flyer
   - Claim Form
   - Damaged Personal Property Log
   - 1 Night Hotel Authorization Form, as necessary or directed by Supervisor
4. Gather Incident Information & Complete the TSD Service Request Response Report
5. Call Supervisor Or Designee To Notify Of The Incident
6. Wait For Restoration Firm To Arrive
7. Forward Incident Reports & Related Documents to Supervisor

**TSD Director of Finance or Designee Perform the Following:**

1. Review Incident Reports, Claim Form and Other Incident Information & Forward, As Appropriate, To:
   Carl Warren and Company
   Tel 800.998.4763, ext. 234 or 800.345.7338
   Fax 925.825.5964
   Mailing Address:
   P.O. Box 3975, Walnut Creek, Ca 94598, Attention Janice Yardley
2. Communicates With Claimant, As Appropriate
3. Communicate With Carl Warren and Co. To Adjust & Administer The Claim To Closure

**Water & Wastewater Division Manager Or Designee Perform The Following:**

Reviews Incident Reports & Forwards, As Appropriate, To TSD Director of Finance
CUSTOMER RELATIONS

It is important for employees to communicate effectively with TSD customers, especially in sewage backup situations. How we communicate - on the phone, in writing, or in person - is how we are perceived. Good communication with the homeowner results in greater confidence in our ability to address the problem satisfactorily, less chance of having the homeowner prolong the claims process, and less chance of him/her exaggerating the damage done to their property.

As a representative of TSD, you will occasionally have to deal with an irate homeowner. A sewer backup is a stressful event and even a reasonable homeowner can become irate should he/she perceive us as being indifferent, uncaring, unresponsive, or incompetent.

Although sometimes difficult, effective management of a sewage backup situation is critical. If it is not managed well, the situation can end up in a costly prolonged process with the homeowner. We want the homeowner to feel assured that we are responsive and the homeowner’s best interest is a top priority.

A Few Communication Tips

1. Give the homeowner ample time to explain the situation or to vent. Show interest in what the homeowner has to say, no matter how many times you have heard it before, or how well you understand the problem.

2. As soon as possible, let the customer know that you will determine if the source of the sewer backup is in the sewer main and, if it is, will have it corrected as quickly as you can.

3. Acknowledge the homeowner’s concerns. For example, if the homeowner seems angry or worried about property damage, say something like, “I understand you’re concerned about the possible damage to your property, but a professional cleanup crew can restore the area, and if it is determined that the TSD is at fault, the property owner has the right to file a claim for any reasonable repairs or losses resulting from this incident.”

4. Express understanding and empathy for any inconveniences caused by the incident, but do not admit fault.

5. As much as possible, keep the homeowner informed on what is being done and will be done to correct the problem.

6. Keep focused on getting the job done in a very professional manner. Don’t wander from the problem with too much unnecessary small talk with the homeowner.

7. Don’t find fault or lay blame on anyone.
Receiving A Sewage Overflow/Backup Report

**SEWER OVERFLOW/BACKUP INCIDENT**

**BUSINESS HOURS**
ALL CALLS ARE ROUTED THROUGH THE TSD MAIN LINE (phone = 805.658.4605)

**NON-BUSINESS HOURS**
CALLS ARE ROUTED TO ANSWERING SERVICE (phone = 805.389.9406 or 805.485.0528)

**FORWARD REQUEST TO:**
- Coordinating Supervisor: 805.658.4648 or 805.432.0474
- If Unavailable, Wastewater Supervisor 805.658.432.0203

**ON-CALL CREW**
Contact customer reporting the problem

---

**STEP**

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st</strong></td>
</tr>
<tr>
<td>TELL THE CUSTOMER (See Tab 2 for Customer Relations Tips)→</td>
</tr>
<tr>
<td>□ Clearly communicate who will respond, estimated time they will arrive and what area(s) will need to be accessed.</td>
</tr>
<tr>
<td>□ Clearly communicate that a blockage in the sewer main line will be promptly cleared, but that TSD is not <strong>allowed to work on a blockage in the property owner's/resident's service lateral line.</strong> Use general terms that the caller can understand, and give the caller your name for future reference.</td>
</tr>
<tr>
<td>□ Show concern and empathy for the property owner/resident, <strong>but do not admit or deny liability.</strong></td>
</tr>
<tr>
<td>□ Instruct the caller to keep all family members &amp; pets away from the affected area.</td>
</tr>
<tr>
<td>□ Instruct the caller to place towels, rags, blankets, etc between areas that have been affected &amp; areas that have not been affected.</td>
</tr>
<tr>
<td>□ Instruct the caller to not remove any contaminated items – <strong>let the professionals do this.</strong></td>
</tr>
<tr>
<td>□ Instruct the caller to turn off their HVAC System.</td>
</tr>
<tr>
<td>□ Instruct the caller to move any <strong>uncontaminated</strong> property away from the overflow area.</td>
</tr>
</tbody>
</table>

<p>| <strong>2nd</strong> |
| □ Dispatch Collections Crew |
| □ Instruct Collections Crew to reference TAB 4 of the Sanitary Sewer Overflow &amp; Backup Response Plan |</p>
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responding to a Sanitary Sewer Backup</td>
<td>4A</td>
</tr>
<tr>
<td>Release of Liability – Customer Declination of Cleaning Services</td>
<td>4B</td>
</tr>
<tr>
<td>Customer Information Letter</td>
<td>4C</td>
</tr>
<tr>
<td>Affected Property Log</td>
<td>4D</td>
</tr>
<tr>
<td>First Responder Form</td>
<td>4E</td>
</tr>
<tr>
<td>TSD Informational Handout – “How Your Sewer System Works”</td>
<td>4F</td>
</tr>
<tr>
<td>Hotel Selection Form</td>
<td>4G</td>
</tr>
<tr>
<td>Building History Form</td>
<td>4H</td>
</tr>
<tr>
<td>Lateral TV Report</td>
<td>4I</td>
</tr>
<tr>
<td>Claim Form</td>
<td>4J</td>
</tr>
<tr>
<td>Claims Submittal Checklist</td>
<td>4K</td>
</tr>
<tr>
<td>Sewer Backup Field Forms Packet Assembly Instructions</td>
<td>4L</td>
</tr>
</tbody>
</table>
### RESPONDING TO A SANITARY SEWER BACKUP

**Scene Supervisor – START HERE**

**Perform Initial Evaluation of the Spill & Cause**

<table>
<thead>
<tr>
<th>Is the sewer main flowing?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain to customer that the blockage is in their lateral.</td>
<td>2. Recommend to customer they hire a contractor to clear their line.</td>
<td>3. Suggest looking in the Yellow Pages under Plumbers or Water Damage.</td>
</tr>
</tbody>
</table>

**Complete Section C of Form 4E – 1st Responder Form and forward to the Water and Wastewater Division Manager**

<table>
<thead>
<tr>
<th>Does the customer want a cleaning service?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have customer sign Cleaning Declination form (Tab 4B)</td>
<td>2. Ask for permission to photograph the affected area. If they decline, note on the Cleaning Declination form (Tab 4B)</td>
<td>3. Forward completed Cleaning Declination form to the Division Manager</td>
</tr>
<tr>
<td>4. Complete Section C of Form 4E – 1st Responder Form &amp; forward to the Division Manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact EV-Link at 1.800.413.2999:**

1. Describe incident
2. Request a cleaning/restoration firm be dispatched
3. Ask EV-Link to call you back with an estimated time of arrival for the cleanup firm. Relay this information to the customer.

**INDOOR RESPONSE PROCEDURES:**

1. At all times be polite & courteous to the customer – SEE TAB 2 FOR TIPS!
2. Explain to the customer that a professional cleaning contractor has been dispatched
3. Turn off HVAC system to avoid contamination, if necessary
4. Block any floor vents to prevent sewage from entering, if necessary
5. Mitigate the flood damage using available materials until the cleaning contractor arrives (i.e. place booms/towels to prevent the sewage from spreading – WEAR APPROPRIATE PPE!)
6. Follow the instructions on the front of the Sanitary Sewer Backup Customer Packet
7. Wait for the Cleaning Contractor to arrive.

<table>
<thead>
<tr>
<th>Has any sewage spilled outside?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO TAB 5A &amp; COMPLETE ➔ THEN RETURN HERE</td>
<td>1. Estimate volume of the backup that spilled into and out of the affected property (see Tabs 5C-F for methods).</td>
<td>2. Document the method you used to calculate the volume.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is the volume of the backup &amp; any overflow outside greater than 100 gallons?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to Tab 5A side 2 and follow the SSO Reporting Procedures.</td>
<td>1.</td>
<td>2.</td>
</tr>
</tbody>
</table>

**GO TO SIDE 2**
Go outside and look for a backflow prevention device or cleanout. Look all around the house/property.

Is there a backflow prevention device (BPD) or cleanout on the affected building?

- **YES**
  - Photograph the backflow prevention device or cleanout

- **NO**
  - **YES**
    - Do you want the lateral televised?
    - **NO**
      - Place the Following Into the Sewer Backup Information Packet Envelope & Forward to the Water and Wastewater Division Manager:
        - Signed copy’s of:
          - Customer Information Letter
          - Hotel Selection form, if applicable
          - First Responder form
          - Lateral TV Report, if applicable
          - Completed TSD Service Request Response Report
          - All photos

- **YES**
  - 1. Complete a TSD Work Order to have lateral televised as soon as possible
  - 2. Complete Lateral TV Report (Tab 4I)

Water and Wastewater Division Manager – GO TO TAB 4K – CLAIMS SUBMITTAL CHECKLIST
CUSTOMER ACKNOWLEDGEMENT THAT TRINUFO SANITATION DISTRICT’S OFFER OF SEWAGE CLEANING SERVICES HAVE BEENDECLINED

Customer Name: ______________________________________________________________________
Customer Address: ____________________________________________________________________
Customer Phone: ______________________________________________________________________

On (date) ___________ at (time) ______ approximately ______ gallons of (check one)
_____ Sewage _____ Grey Water _____ Toilet Bowl Water _____ Odor _____ Other _________________

Overflowed from or odor emanating from (check one):
____ Toilet ______ Shower/Tub ______ Washer
____ Other → Specify: ___________________________________________________________________

The overflow affected the following areas (check one):
____ Bathroom _____ Hallway _____ Kitchen _____ Bedroom _____ Garage _____ Crawlspace
____ Other → Specify: __________________________________________________________________

The overflow affected the following materials (check one):
____ Tile _____ Linoleum _____ Carpet _____ Wood Flooring _____ Other → Specify: ________________
____ Area Rugs _____ Towels _____ Clothing _____ Misc → Specify: _______________________________
_____________________________________________________________________________________

Photos Were _____ Were Not _____ Taken. Number of Photos: __________

The suspected cause of the overflow/odor: ____________________________________________________
_____________________________________________________________________________________

This Form Completed By: ___________________________________ Date & Time: _________________

CUSTOMER – PLEASE READ AND SIGN BELOW:

I/We acknowledge that the Triunfo Sanitation District (TSD) has offered to provide professional cleaning and decontamination services to remediate the sewage backup and/or overflow described above and that we declined the offer. We further understand and acknowledge that because we have declined, any necessary remediation activities will be conducted without the TSD assistance and that the TSD will not accept responsibility for work performed by persons other than those engaged by the TSD. TSD will also not accept responsibility for any charges related to this incident that are not usual and customary.

The Information Above Was Explained To The Customer By (please print): _______________________
Employee Signature: __________________________ Title: __________________________
Customer Signature: __________________________ Date: __________________________

Distribution Instructions – Top Copy To TSD; Middle Copy To TPA; Bottom Copy To Customer
Triunfo Sanitation District
Customer Information Regarding Sewer Backup Claims

Address: __________________________________________

Dear Mr./Mrs. ___________________________ DATE: __________________

We recognize that sewer back flow incidents can be stressful and require immediate response when all facts concerning how an incident occurred are unknown. Rest assured that we do all we can to prevent this type of event from occurring. Nevertheless, occasionally tree roots or other debris in the sewer lines cause a backup into homes immediately upstream of the blockage. At this time TSD is investigating the cause of this incident.

If the TSD is found to be responsible for the incident, we are committed to cleaning and restoring your property, and to protecting the health of those affected during the remediation process.

The company assigned to manage the necessary cleaning and restoration process is EV-Link, and you can reach them directly at 800.413.2999. It is likely however that other contractors will perform the actual cleaning and restoration service. Carl Warren and Company, noted below, has the responsibility for processing any claims for damages that are submitted.

The cleaning contractor provided by EV-Link has been selected because of their adherence to established protocols that are designed to assure all parties thorough, cost-effective and expeditious cleaning services. TSD will pay the cleanup contractor’s fee. You also have the right to select your own cleaning contractor, but TSD does not guarantee payment of fees/expenses incurred and reserves the right to dispute fees/expenses deemed not usual and customary.

If you wish to discuss this matter, or submit a claim for damages, please contact either of the following:

☐ TSD Director of Finance: 805.658.4608
☐ Carl Warren and Company (Claims Administrator): 800.998.4763, ext. 234 or 800.345.7338

**************************************************************************************************************************

What you need to do now:

☐ Do not attempt to clean the area yourself, let the cleaning and restoration company assigned by EV-Link handle this.
☐ Keep people and pets away from the affected area(s).
☐ Do not remove items from the area – the cleaning and restoration company will handle this.
☐ If you had recent plumbing work, contact your plumber or contractor and inform them of this incident.
☐ If you intend to file a claim, do so as soon as practical –The California Government Code, Sections 900 - 960, requires the filing of a written claim and outlines specific time lines and notice procedures that must be used in order to have a claim considered.

**************************************************************************************************************************

I/We acknowledge receipt of this letter.

Employee Signature: _________________________________ Date: ______________
Customer Signature: _________________________________ Date: ______________

Distribution Instructions – Top Copy To TSD; Middle Copy To TPA; Bottom Copy To Customer
AFFECTED PERSONAL PROPERTY INVENTORY LOG

INSTRUCTIONS: Please fill this form out as completely as possible and provide to:
TSD Fiscal Assistant
1001 Partridge Drive, Suite 150, Ventura, CA 93003
Phone: 805.658.4640

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>DESCRIPTION OF EACH ITEM</th>
<th>WHERE PURCHASED</th>
<th>AGE</th>
<th>COST</th>
<th>REPLACEMENT VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>STORE</td>
<td>CITY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NAME: ________________________________________ DATE:_____________________
SIGNATURE: _____________________________________
**First Responder Form**

**INSTRUCTIONS:** TSD Staff to complete & forward to Water & Wastewater Division Manager

---

**TIME STAFF ARRIVED ON-SITE:**

**DID CUSTOMER CALL CLEANING CONTRACTOR?**

- [ ] Yes
- [ ] No

**IF YES, WHO & WHEN?**

---

**SECTION A**

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME:</th>
<th>EMPLOYEE NAME:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENT:</th>
<th>PROPERTY MANAGERS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STREET ADDRESS:</th>
<th>STREET ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY, STATE AND ZIP:</th>
<th>CITY, STATE AND ZIP:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PHONE:</th>
<th>PHONE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUSPECTED CAUSE OF FLOODING:**

- Blockage
- Infrastructure Failure
- Inflow Infiltration
- Power Failure
- Capacity Deficiency
- Natural Disaster
- Bypass
- Cause Unknown

- If spill caused by Blockage, please specify:
  - Roots
  - Grease
  - Debris
  - Debris from Laterals
  - Vandalism
  - Animal carcass
  - Construction Debris
  - Multiple Causes

- If spill caused by Infrastructure Failure, please specify:
  - Breakage of collection system
  - Damage to collection system
  - Leaks to collection system
  - Pump station failure
  - Multiple causes

- Specify Other Cause:

---

**LOCATION/SEWER:**

- [ ] STREET
- [ ] REAR EASEMENT
- [ ] MANHOLE# _________ TO _________
- [ ] MAINLINE
- [ ] SERVICE LINE
- [ ] DOUBLE-WYE

**DAMAGE:**

- [ ] BLACK WATER
- [ ] GREY WATER
- [ ] FRESH WATER

**IS NEAREST UPSTREAM MANHOLE VISIBLY HIGHER THAN THE DRAIN THAT OVERFLOWED?**

- [ ] Yes
- [ ] No

**# OF PEOPLE LIVING AT RESIDENCE:**

**COMMENTS:**

---

**GO TO SIDE 2**
SECTION B  LIVABILITY ASSESSMENT

Is there sufficient non-contaminated living space for residents to stay during cleaning?

Is it after 8pm or will the cleaning & disinfection be completed after 10pm?

YES

Is there a functioning and non-contaminated bathroom available?

NO

Are there any residents that:

1. Is pregnant?
2. Has severe allergies/asthma?
3. Has respiratory problems?
4. Has a compromised immune system?

YES

Is there sufficient non-contaminated living space for residents to stay during cleaning?

NO

Is area a child or extended care facility?

YES

Is food prep. area contaminated?

STOP – Resident Can Stay In Premises

Ask resident to vacate premises while area is cleaned & disinfected.

SECTION C  SANITARY SEWER LINE BLOCKAGE LOCATION

PLEASE CHECK THE BOX THAT DESCRIBES YOUR OBSERVATIONS

Customer Cleanout Was:

<table>
<thead>
<tr>
<th>District Structure Was</th>
<th>Non-Existent</th>
<th>Full</th>
<th>Empty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Existent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empty</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Recommended Follow-Up Action(s):

Place an X where the blockage occurred
Circle the areas where sewage overflowed/ backed-up

Downstream

Affected House

Upstream House

Property Line

Manhole #

Direction of Flow

Manhole #

SECTION D  CLEANING CONTRACTOR

Company Name: _____________________    Phone: ______________  Arrival Time: ____________________

Comments: _____________________________________________________________________________________

_______________________________________________________________________________________________
Wherever a sewer system exists, so does the potential for overflows. Sewage overflows occur when sewer pipes are blocked or restricted, causing wastewater to back up in the pipe and flow out through manholes or other outlets. Most overflows are relatively small and can be stopped and cleaned up quickly. Left unattended, however, overflows can result in property damage, bad-smelling odors and environmental problems. In a worst-case scenario, they can create public health and safety hazards.

Sewer lines can become blocked due to roots, grease buildup, or debris in the pipes. When this occurs, wastewater is stopped by the blockage and then backs up toward the first possible outlet. Most of the time this is a manhole. However, sometimes the outlet is a fixture or drain in a customer's home or business.

When a sewage backup occurs, TSD responds immediately. Our crews locate the blockage and determine if it is in the public sewer; if it is, the crew removes the blockage and arranges to have the affected property cleaned.

Property owners are responsible for internal plumbing and lateral pipes
However, if a backup occurs within your private internal plumbing or in the lateral pipe or side sewer that connects your property to the public sewer, this is your (or the property owner's) responsibility, and TSD cannot remove the blockage or make the necessary repairs. You should contact a licensed plumbing contractor to make repairs.

Overflows on private property can be prevented in most cases
It is possible to prevent sewage backups with a plumbing fixture called a backwater overflow preventer. The chances are good that you already have one. If you don't, you should have one installed as soon as possible to prevent sewage from backing up into your house should a blockage occur in the public sewer or in your lateral/side sewer. Make sure the device is not blocked or covered by landscaping.

Do you have one in your yard?
Backwater overflow preventers use a ball-check device that automatically opens if water begins to back up. This allows the overflow to occur outside the home. These devices are very effective at preventing overflows in interior fixtures or drains. They are available in a variety of models and price ranges. We recommend that these devices be installed by a licensed plumbing contractor.

To find out if your property has a backwater overflow preventer, refer to your home or business's plumbing plans or ask the builder, professional plumber or contractor.
HOTEL SELECTION FORM

INSTRUCTIONS TO EMPLOYEE:
1. Review this form with the customer and instruct them to read and select, in order of preference, which of the hotels below they wish to stay at.
2. Contact your Supervisor or other member of management and request they contact the selected hotel and provide payment for one nights lodging for the customer named below.
3. Explain to resident that additional nights and other incidentals will be addressed by the TSD Director of Finance or by TSD’s insurance claims administrator, Carl Warren and Co.
4. Have the resident sign the Acknowledgement section of this form.
5. Complete the voucher information and sign. Please note that an unsigned voucher will not be honored at the hotels.
6. Give the bottom copy of this form to the resident.

INSTRUCTIONS TO RESIDENT: Our staff has determined that you should temporarily relocate to one of the hotels listed below for your safety and convenience while your residence is being cleaned. Please note that this emergency authorization is granted under the following conditions:
1. The voucher authorizes payment of one (1) night's stay at one of the hotels listed below.
2. The voucher is good for room and tax ONLY. Phone, food, mini-bar and other incidental charges will be your responsibility.
3. Additional nights/other allowances/incidentals may be discussed by contacting the TSD’s insurance claims administrator, Carl Warren and Co., at 800.998.4763, ext. 234 or 800.345.7338 or the TSD Director of Finance at 805.658.4608.
4. Please bring a photo ID with you so that hotel staff can verify the voucher’s authenticity.

RESIDENT ACKNOWLEDGEMENT:
I/we have read and understood the terms and conditions governing this offer of temporary relocation and agree to abide by them as described above.
Resident Name (Please print) __________________________________________________________
Resident Address: ____________________________________________________________________
Resident Signature: ___________________________________________________________________ Date: __________________

EMERGENCY HOTEL AUTHORIZATION VOUCHER

Resident Name: ___________________________ Resident’s Daytime Phone: ______________________
Other Guest Name(s): ______________________
Affected Address: _____________________________________________________________________
TSD Representative Name: ___________________________ TSD Representative Cell Phone: _________
TSD Representative Signature: __________________________

CUSTOMER: Please mark, in order of preference, the hotels most convenient for you:

- Westlake Hyatt, 880 S. Westlake Blvd. Westlake Village (805) 497-9991
- Westlake Village Inn, 31943 W. Agoura Road Westlake Village (818) 889-0230
- Renaissance Agoura Hills Hotel, 30100 Agoura Road Agoura Hills (818) 591-2300
- Calabasas Inn and Suites, 23627 Calabasas Road Calabasas (818) 222-5300
- Hilton Garden Inn Calabasas, 24150 Park Sorrento Calabasas (818) 591-2300

Hotel Staff: Please direct any questions regarding this voucher to Triunfo Sanitation District (805.658.4608) or Carl Warren and Company (805.650.7020, ext 1012 or 800.345.7338)

Distribution Instructions – Top Copy To TSD; Middle Copy To TPA; Bottom Copy To Customer
<table>
<thead>
<tr>
<th><strong>WATER &amp; WASTEWATER DIVISION MANAGER:</strong> PLEASE COMPLETE AS THOROUGHLY AS POSSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERSON COMPLETING THIS FORM:</strong></td>
</tr>
<tr>
<td><strong>PHONE:</strong></td>
</tr>
<tr>
<td><strong>RESIDENT NAME:</strong></td>
</tr>
<tr>
<td><strong>APPROXIMATE AGES:</strong></td>
</tr>
<tr>
<td><strong>DATE OF OVERFLOW:</strong></td>
</tr>
<tr>
<td><strong>WERE RESIDENTS RELOCATED TO A HOTEL?</strong></td>
</tr>
<tr>
<td>✔ Yes ☐ No</td>
</tr>
<tr>
<td><strong>IS RESIDENT THE OWNER?</strong></td>
</tr>
<tr>
<td>✔ Yes ☐ No</td>
</tr>
<tr>
<td><strong>If “NO”, provide following for property owner:</strong></td>
</tr>
<tr>
<td><strong>STREET ADDRESS:</strong></td>
</tr>
<tr>
<td><strong>CITY, STATE AND ZIP:</strong></td>
</tr>
<tr>
<td><strong>PHONE:</strong></td>
</tr>
<tr>
<td><strong>NAME OF EMPLOYEE(S) RESPONDING TO SPILL:</strong></td>
</tr>
<tr>
<td><strong>NAME OF CLEANING CONTRACTOR:</strong></td>
</tr>
<tr>
<td><strong># OF ROOMS AFFECTED:</strong></td>
</tr>
<tr>
<td><strong>APPROXIMATE TIME SEWAGE WAS SITTING:</strong></td>
</tr>
<tr>
<td><strong>WAS PROPERTY FINISHED FLOOR ELEVATION DETERMINED?</strong></td>
</tr>
<tr>
<td>✔ Yes ☐ No</td>
</tr>
<tr>
<td><strong>IS FINISHED FLOOR 12” OR MORE BELOW NEAREST UPSTREAM MANHOLE?</strong></td>
</tr>
<tr>
<td>✔ Yes ☐ No</td>
</tr>
<tr>
<td><strong>If YES, send BPD Notification Letter:</strong></td>
</tr>
<tr>
<td><strong>Date Letter Sent:</strong></td>
</tr>
<tr>
<td><strong>WAS A BPD INSTALLED ON PROPERTY?</strong></td>
</tr>
<tr>
<td>✔ Yes ☐ No</td>
</tr>
<tr>
<td><strong>If NO, send BPD Notification Letter:</strong></td>
</tr>
<tr>
<td><strong>Date Letter Sent:</strong></td>
</tr>
<tr>
<td><strong>WAS BPD FUNCTIONING?</strong></td>
</tr>
<tr>
<td>✔ Yes ☐ No</td>
</tr>
<tr>
<td><strong>WAS LATERAL TV’ed?</strong></td>
</tr>
<tr>
<td>✔ Yes ☐ No</td>
</tr>
<tr>
<td><strong>If YES, please include copy of Lateral TV report</strong></td>
</tr>
<tr>
<td><strong>IS THIS PROPERTY REQUIRED TO HAVE A BPD INSTALLED BY ORDINANCE?</strong></td>
</tr>
<tr>
<td>✔ Yes ☐ No</td>
</tr>
<tr>
<td><strong>Suspected Cause of Overflow:</strong></td>
</tr>
<tr>
<td><strong>If so, when?</strong></td>
</tr>
<tr>
<td><strong>CC: DISTRICT INSPECTOR</strong></td>
</tr>
<tr>
<td><strong>If so, when?</strong></td>
</tr>
</tbody>
</table>
# LATERAL TV REPORT

**PLEASE COMPLETE AS THOROUGHLY AS POSSIBLE**

<table>
<thead>
<tr>
<th>PERSON COMPLETING THIS FORM:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CAMERA TYPE:</th>
<th>LOCATION OF CAMERA ENTRY:</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFFECTED PROPERTY STREET ADDRESS:</td>
<td>LOCATION OF CAMERA STOP:</td>
</tr>
<tr>
<td>CITY, STATE AND ZIP:</td>
<td>DESCRIBE AREA TV’d:</td>
</tr>
<tr>
<td>PHONE</td>
<td>UPSTREAM MANHOLE #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PLEASE CHECK ALL THAT WERE DISCOVERED – Describe Extent &amp; Location Using Camera Entry Point As Reference:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Broken Lateral – Describe:</td>
</tr>
<tr>
<td>☐ Roots – Describe:</td>
</tr>
<tr>
<td>☐ Grease – Describe:</td>
</tr>
<tr>
<td>☐ Sag – Describe:</td>
</tr>
<tr>
<td>☐ BPD – Describe:</td>
</tr>
<tr>
<td>☐ Cleanout – Describe:</td>
</tr>
<tr>
<td>☐ Joint/Junction – Describe:</td>
</tr>
<tr>
<td>☐ Grade – Describe:</td>
</tr>
<tr>
<td>☐ Grit – Describe:</td>
</tr>
<tr>
<td>☐ Other – Describe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIME OF OVERFLOW:</th>
<th>TIME BLOCKAGE RELIEVED:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME LATERAL TV’d:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOTES/COMMENTS:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SIGNATURE OF EMPLOYEE PERFORMING TV WORK:</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CLAIM AGAINST TRIUNFO SANITATION DISTRICT
For Damages to Persons or Personal Property
(Government Code Sections 905, 910, 910.2)

TO: CLERK OF THE BOARD
Triunfo Sanitation District
1001 Partridge Drive, Suite 150
Ventura, CA 93003-6704

Date/Time ________________

Received by ________________ via
US Mail ___ In Person ___ Other ___

************************************************************************************************************

Claim must be filed with the Clerk of the Board, Triunfo Sanitation District, within 6 months after the accident, event or incident occurred. Make certain the claim is against the Triunfo Sanitation District only and not another public entity. Completed form must be mailed or delivered on time to the Triunfo Sanitation District at the address indicated above. Where space is insufficient, use additional paper and identify information by paragraph number.

WARNING: It is a criminal offense to file a false claim. (See: Penal Code #72 and Insurance Code #556.1).
************************************************************************************************************

The undersigned respectfully submits the following claim and information:

(A) Identification of the Claimant:

1. FULL NAME OF CLAIMANT: ________________________________ (Please print)

2. ADDRESS OF CLAIMANT:

   Number & Street Name ________________________________
   City, State & Zip ________________________________

3. PHONE NUMBERS: Work ( ) ____________________ Home ( ) ____________________

4. DATE OF BIRTH: ____________________ 5. PARENT/GUARDIAN (If minor) ____________________

6. SOCIAL SECURITY NO. ____________________ 7. DRIVERS LICENSE NO. ____________________ STATE ___

(B) Name, telephone and post office address to which claimant desires notices to be sent, if other than above:

________________________________________________________________________________________

(C) The date, place and other circumstances of the occurrence or transaction which gave rise to the claim asserted:

1. DATE: ________________ 2. TIME: ________________ 3. PLACE: (exact & specific location) ________________

________________________________________________________________________________________

4. SPECIFY THE PARTICULAR OCCURRENCE, EVENT, ACT OR OMISSION YOU CLAIM CAUSED THE INJURY OR DAMAGE (use additional paper if necessary)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM AND SIGN
(A) Description of the injury, property damage or loss, so far as is known at the time of this claim: if there were no injuries, so state.


(E) Names & addresses of all witnesses, hospitals, doctors, etc.

1. 

2. 

3. 

(F) Name(s) of DISTRICT employee(s) causing the damage or injury:

1. NAME(S) 

2. WHAT ACT/ACTION OF DISTRICT EMPLOYEE(S) CAUSED THE INJURY/DAMAGE? 

(G) Amount of claim as of the date of presentation of claim, including the estimated amount of any prospective injury, damage or loss, insofar as it may be known at the time of presentation of the claim, together with the basis of the computation of the amount claimed.

1. AMOUNT CLAIMED AS OF THIS DATE: 

2. ESTIMATED AMOUNT OF FUTURE COSTS: 

3. TOTAL AMOUNT CLAIMED: 

4. BASIS FOR COMPUTATION OF AMOUNTS CLAIMED (Include copies of all bills, invoices, estimates, etc.) 

(H) Additional information that might be helpful in considering this claim.


I have read the matters and statements in the above claim and I know the same to be true of my own knowledge, except as to those matters stated to be upon information or belief, as to such matters I believe the same to be true. I declare under penalty of perjury the foregoing is true and correct.

EXECUTED this _______ day of _______________, 20___, at ___________________, California.

TSD – 03/2000  

Signature of Claimant
## CLAIDS SUBMITTAL CHECKLIST

### WATER & WASTEWATER DIVISION MANAGER

Complete the Building History form *(Tab 4H)*

<table>
<thead>
<tr>
<th>PERSON COMPILING THIS INFORMATION:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHONE:</td>
<td></td>
</tr>
</tbody>
</table>

### WATER & WASTEWATER DIVISION MANAGER

**PLEASE ASSEMBLE THE ITEMS LISTED BELOW AND SEND AS SOON AS POSSIBLE TO THE TSD DIRECTOR OF FINANCE OR THEIR DESIGNEE**

- Form 4B - Cleaning Declination, Signed Original *(if applicable – i.e. customer refused cleaning services)*
- Form 4C - Customer Information Letter, Signed Original
- Form 4E - First Responder Form
- Form 4G - Hotel Selection Form, Signed Original *(if applicable – i.e. customer was relocated)*
- Form 4H - Building History Form *(if applicable)*
- Form 4I - Lateral TV Report *(if applicable)*
- All Photos Taken *(hardcopy or electronic)*
- Any Other Information You Feel Is Important In This Claim

### TSD DIRECTOR OF FINANCE OR DESIGNEE

1. Verify claims packet is complete.
2. Notify Carl Warren & Co. of incoming claim by contacting:
   - Carl Warren and Company
   - Tel 800.998.4763, ext. 234 or 800.345.7338
   - Fax 925.825.5964
   - Mailing Address:
     - P.O. Box 3975, Walnut Creek, Ca 94598, Attention Janice Yardley
In order to properly gather and distribute all the necessary information at the scene of a sewer backup, it is recommended the Field Forms Packets be created and placed in all field vehicles that may be used to respond to a sewer backup. The following instructions will guide you through the assembly of the Field Forms Packet using the forms contained in Section 4 – Sewer Backups.

<table>
<thead>
<tr>
<th>STEP</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Determine how many packets you wish to assemble.</td>
</tr>
<tr>
<td>2</td>
<td>Obtain the same number of Tyvek (water &amp; tear resistant) envelopes.</td>
</tr>
<tr>
<td>3</td>
<td>Place 1 copy of each of the following in each Tyvek envelope.</td>
</tr>
<tr>
<td></td>
<td>- Form 4B - Cleaning Declination <strong>NOTE THIS IS A 3-COPY NCR FORM</strong></td>
</tr>
<tr>
<td></td>
<td>- Form 4C - Customer Information Letter <strong>NOTE THIS IS A 3-COPY NCR FORM</strong></td>
</tr>
<tr>
<td></td>
<td>- Form 4D - Affected Personal Property Inventory Log</td>
</tr>
<tr>
<td></td>
<td>- Form 4E - First Responder Form</td>
</tr>
<tr>
<td></td>
<td>- Form 4F - Informational Handout – “How Your Sewer System Works”</td>
</tr>
<tr>
<td></td>
<td>- Form 4G - Hotel Selection Form <strong>NOTE THIS IS A 3-COPY NCR FORM</strong></td>
</tr>
<tr>
<td></td>
<td>- Form 4H - Building History Form</td>
</tr>
<tr>
<td></td>
<td>- Form 4I - Lateral TV Report <strong>NOTE THIS IS A 3-COPY NCR FORM</strong></td>
</tr>
<tr>
<td></td>
<td>- Form 4J - Claim Form</td>
</tr>
<tr>
<td></td>
<td>- Form 4K - Claims Submittal Checklist</td>
</tr>
<tr>
<td>4</td>
<td>Insert a new disposable camera into the envelope</td>
</tr>
<tr>
<td>5</td>
<td>Tape or otherwise secure to the front of each envelope a copy of the Field Forms Packet Instructions <em>(Master is located behind this page)</em></td>
</tr>
<tr>
<td>6</td>
<td>Place two staples through the top of the envelope</td>
</tr>
<tr>
<td>7</td>
<td>Place at least 1 complete Field Forms Packet in each field vehicle that may be used to respond to a sewer backup.</td>
</tr>
</tbody>
</table>
**IN THE EVENT OF A SEWER BACKUP INTO A HOME/BUSINESS**

**READ ME FIRST**

---

**START**

1. Is this a small backup due to cleaning activities?
   - **YES**
     - 1. Complete Form 4B – Declination of Sewage Cleaning Service & follow routing instructions on the bottom
     - 2. Complete Section C of Form 4E – 1st Responder Form and forward to the Water & Wastewater Division Manager
   - **NO**
     - 1. Send for any equipment & staffing necessary to clear the blockage
     - 2. Clear blockage (see Tab 6 for instructions)

2. Is the sewer main flowing?
   - **YES**
     - 1. Inform customer the blockage is in their lateral & that TSD does not own/maintain private service laterals.
     - 2. Suggest they look under PLUMBERS or WATER DAMAGE in the yellow pages & hire a contractor to clear their lateral.
     - 3. Complete Section C of Form 4E – 1st Responder Form and forward to Water & Wastewater Division Manager
   - **NO**
     - 1. Complete Form 4E – State of Section C

3. Does Customer want a cleaning service?
   - **YES**
     - 1. Complete Form 4B – Declination of Sewage Cleaning Service & follow routing instructions on the bottom
     - 2. Complete Section C of Form 4E – 1st Responder Form and forward to the Water & Wastewater Division Manager
   - **NO**

---

**Complete The Following:**

1. Make sure the blockage has been cleared

2. Contact EV-LINK (800.413.2999)
   - Describe incident
   - Request a cleaning/restoration firm be dispatched
   - Ask EV-Link for an estimated time of arrival for the cleanup firm. Relay this information to the customer.

3. Open this packet and:
   - REVIEW with the Customer the CUSTOMER INFORMATION LETTER - Customer Information Regarding Sewer Backup Claims (form 4C)
     - Have customer sign the form & give them the bottom copy
   - GIVE the Customer the TSD informational handout – "How Your Sewer System Works" (Form 4F)
   - GIVE the Customer the CLAIM FORM
   - GIVE the Customer the AFFECTED PROPERTY LOG (form 4D)
   - COMPLETE the FIRST RESPONDER FORM (form 4E)
     - IF the First Responder Form indicates the Customer should temporarily relocate, contact your Supervisor or other member of management & follow the instructions at the top of the HOTEL SELECTION FORM (form 4G).

4. Take pictures of affected & non-affected areas using the disposable camera in this envelope.

5. Look for a backflow prevention device on the service lateral & photograph. If you can’t locate one, determine if you want the lateral televised – if so, COMPLETE a TSD Work Order to have the lateral televised.

6. PLACE THE FOLLOWING IN THIS ENVELOPE & FORWARD TO WATER & WASTEWATER DIVISION MANAGER:
   - Signed copy’s of:
     - Customer Information Letter
     - Hotel Selection form, if applicable
   - Completed First Responder form
   - Disposable camera

---

Prepared by David Patzer, 707.373.9709 - Copyright January 2004
Triunfo Sanitation District POLICY

Triunfo Sanitation District employees are required to report all wastewater overflows found and to take the appropriate action to secure the wastewater overflow area, relieve the cause of the overflow, and ensure that the affected area is cleaned as soon as possible to minimize health hazards to the public and protect the environment. The District’s goal is to respond to sewer system overflows as soon as possible following notification.

The Responder’s Role:

➔ To protect public health, environment & property from sewage spill events & to make every feasible effort to restore affected areas to normal as soon as possible.

➔ To establish perimeters and control zones with cones, barricades, vehicles or terrain.

➔ To contain sewage discharged to the maximum extent possible.
RESPONDING TO A SANITARY SEWER MAINLINE OVERFLOW

**Scene Supervisor**

- **START HERE**
- Perform Initial Evaluation of the Spill & Cause

---

**1st – Diversion & Containment**

**Actions**

1. **DIVERT AWAY FROM SENSITIVE AREAS**
   - a. UNPLUGGED STORM DRAINS, SCHOOLS, DAYCARES, PLAYGROUNDS, INTERSECTIONS, ETC. → Cover unplugged storm drains with mats or use dirt or other diking material to divert away from sensitive areas
   - b. ENSURE PUBLIC CONTACT DOES NOT OCCUR. Use cones/barricades for lane closures until spill can be completely removed

2. **CONTAIN SPILL & RETURN TO SYSTEM, IF POSSIBLE**
   - Techniques:
     - Install air plugs in storm drain catch basins & divert flow to catch basin
     - Build berm to channel flow to downstream manhole (barricade if you leave it open)
     - Use bypass pumps to pump around blockage until it can be removed
     - Divert to low area of ground where it can be collected later

---

**2nd – Blockage Clearing**

Use the appropriate cleaning equipment to the situation to hydroflush, rodder, or hand rod to clear a blockage. Make certain to either have the vactor setup at the downstream manhole or use a fork or trap at the outlet of the manhole in the channel to catch any debris that is released. If using the rodder, set-up at the first dry manhole and run upstream until you hit the blockage. Once you break through the blockage, pull the rods and cleaning tools out. If you leave the rods in the line it could restrict the flow. Once the flow is back to normal, run the line to the next manhole.

**SEE TAB 6 FOR THE HYDROFLUSHING SOP**

---

**3rd – Area Cleanup**

**Assign Staff to Begin Cleanup**

1. Remove all signs of gross pollution (toilet paper, solids, grease, etc.)
2. Flush area with metered water – Unless raining *(3 times the amount of the spill, if possible)*
   - a. Setup a berm or other means to contain all chlorinated flush water so that it can be delivered to the sewer or removed with the vactor
   - b. DO NOT USE ANY DISINFECTANT THAT MAY ENTER THE STORM DRAIN OR OTHER WATER SUPPLY!

---

**4th – Document & Report**

1. Photograph the spill location and the area affected
2. Complete the Sewage Overflow Report (Tab 5H)
3. Complete the Proposition 65 Report Form (Tab 5I)
4. Go To Side 2 and follow the instructions

---

**Are Additional Resources/ Staff Needed?**

- **YES** → Contact Necessary Resources – See Listing Tab 8
- **NO** → Perform Initial Evaluation of the Spill & Cause

**Can the Spill Be Contained?**

- **YES** → Assign Staff to Begin Cleanup
- **NO** → Can the Spill Be Contained?
RESPONDING TO A SANITARY SEWER MAINLINE OVERFLOW

Has the SSO reached or likely to reach receiving waters?

IMMEDIATELY

Contact Source Control & request sampling assistance in accordance with the sampling procedure on Tab 5B:
- Bus. Hours: 805.658.4654 or 805.658.4617
- After Hours: 805.207.1495 or 805.391.1291

Will the spill affect a school, park, shopping ctr, playground or other area where the public gathers?

ASSIGN STAFF TO POST “WARNING- RAW SEWAGE” Signs/other means of warning to public in immediate area

Estimate Spill Volume Using One of the Following Methods:

1. Measure the Spill - See example on Tab 5C
2. Estimate the Flow
   a. If the flow is coming from a manhole, use Tab 5D to estimate the flow and multiply it by the time of the overflow in minutes. This will give you gallons.
   b. If the flow is coming from a manhole PICK HOLE, use Tab 5E to estimate the flow and multiply it by the time of the overflow in minutes. This will give you gallons.
   c. If the spill is from a pump station, use the previous days flow record or pump capacity to estimate the flow.
3. Count the Upstream Connections - See example on Tab 5F

Start Here

Make All Notifications As Required On Tab 5H side 2 – “Sanitary Sewer Overflow Report”

Is the Estimated Volume > 1,000 gal?

Within 1 Hour

Go To Tab 5G – Box A

Within 24 Hours

Go To Tab 5G – Box B

Within 5 Days

Go To Tab 5G – Box C

Is the Estimated Volume > 500 gal?

Were Receiving Water Samples Collected?

Were “WARNING- RAW SEWAGE” Warnings Posted?

Forward the Sanitary Sewer Overflow Report (Tab 5H) & the Proposition 65 Report Form to the Water and Wastewater Division Manager for Inclusion in the Annual Report to the Regional Water Quality Control Board
COLLECT SAMPLES AS FOLLOWS:

1. Assemble Field Sampling Kit (place items listed at bottom in cooler) from Bailard Lab
2. Get ice a convenience store & place in cooler
3. Determine point spill entered waterway – photograph this location (include a reference point in the photo)
4. Don the PPE from the Sampling Kit
5. SAMPLING NOTES:
   → RECORD TIDE CYCLE FOR SAMPLES COLLECTED FROM WATERWAYS INFLUENCED BY THE TIDE!
   → COLLECT ALL SAMPLES AGAINST THE DIRECTION OF THE WATER FLOW!
   → COLLECT UPSTREAM SAMPLE FIRST!
6. SAMPLING:
   a. Move at least 50’ upstream of point where spill entered waterway (reference sample)
   b. Collect samples well away from the bank, preferably at a point where water is visibly flowing,
   c. Remove the seal from the coliform sample container just prior to collecting your sample. A chemical has been added to the sample container. Leave the chemical in the bottle and do not rinse.
   d. Remove the cap immediately before collecting each sample.
   e. Do not allow the inside of the cap to touch anything.
   f. Fill the bottle to the line and immediately replace the cap.
   g. Take a photo of this sample location (include a reference point in the photo)
   h. Label the samples with their location and note the date and time collected.
   i. Place samples in cooler.
   j. Move at least 10’ downstream of point where spill entered waterway, repeat steps 6a-6i and post Warning Signs according to the following:

<table>
<thead>
<tr>
<th>Gallons of Sewage Spill</th>
<th>#of Samples</th>
<th>Posting Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1,000</td>
<td>5</td>
<td>100 yds to ¼ mile</td>
</tr>
<tr>
<td>1,000 to 10,000</td>
<td>9</td>
<td>¼ mile to ½ mile</td>
</tr>
<tr>
<td>10,000 to 100,000</td>
<td>11</td>
<td>¾ mile to 1 mile</td>
</tr>
<tr>
<td>100,000 to 1 million</td>
<td>13</td>
<td>2 to 3 miles</td>
</tr>
<tr>
<td>1 to 2 million</td>
<td>15</td>
<td>4 to 5 miles</td>
</tr>
</tbody>
</table>

7. Complete the Chain of Custody form from the Sampling Kit
8. Immediately contact one of the following labs and inform them you have the following samples that require processing:
   a. Total and Fecal Coliform – Holding time = <4hours
   b. Labs:
      FGL Environmental
      853 Corporation St
      Santa Paula CA 93061-0272
      Phone 805-659-0910/ Fax 805-525-4172
      Hours: m-f 0700-1700; Sat/Sun 1200 & by prior appointment
      Del Mar Analytical
      1746 Darian Ave. Suite 100
      Irvine CA 92614
      Phone # 949-261-1022/ Fax 949-260-3297
      Hours: m-f 0730-1900
9. Take the cooler containing the samples to the lab or arrange to have the samples picked up by the lab.
10. Repeat sampling daily from time the spill is known until the results of two consecutive sets of samples indicate the return to the normal level or cessation of monitoring is authorized by the County Department of Health Services.
11. Remove Warning Signs & lift restrictions when all of the following conditions are met:
   - The discharge is no longer occurring.
   - There has been a 72-hour period in which no discharge has occurred.
   - No sewage, sludge, grease, or other physical evidence of sewage discharge is visible.
   - The density of bacteria in water from each sample shall not exceed:
     - 1,000 total coliform bacteria per 100 milliliters, if the ratio of fecal/total coliform bacteria exceeds 0.1; or
     - 10,000 total coliform bacteria per 100 milliliters, or
     - 400 fecal coliform bacteria per 100 milliliters, or
     - 104 enterococcus bacteria per 100 milliliters.

Field Sample Kit Inventory

- Cooler
- 10 Total/Fecal Coliform, Enterococcus & E. Coli sample bottles (100ml sterilized bottle)
- Safety glasses
- Waterproof Pen (i.e. sharpie)
- Chain of Custody form
- Latex gloves
- 20 Sample bottle labels
- Disposable Camera
The volume of some small spills can be estimated using this method if it is not raining. In addition, the shape, dimensions, and depth of the spilled wastewater are needed. The shape and dimensions are used to calculate the area of the spills and the depth is used to calculate the volume.

**Step 1** Sketch the shape of the contained sewage

**Step 2** Measure or pace off the dimensions.

**Step 3** Measure the depth in several locations

**Step 4** Convert the dimensions, including depth to feet.

**Step 5** Calculate the area using the following formulas:
- Rectangle: \( \text{Area} = \text{length} \times \text{width} \)
- Circle: \( \text{Area} = \text{diameter} \times \text{diameter} \times 0.785 \)
- Triangle: \( \text{Area} = \text{base} \times \text{height} \times 0.5 \)

**Step 6** Multiply the area times the depth

**Step 7** Multiply the volume by 7.85 to convert it to gallons

**EXAMPLE:**

\[ V = 100' \times 100' \times 0.5' \times 7.48 \]
\[ = 37,400 \text{ gallons} \]

**EXAMPLE:**

\[ V = 100' \times 100' \times 0.5' \times 0.785 \times 7.48 \]
\[ = 29,359 \text{ gallons} \]
SANITARY SEWER OVERFLOWS
Determining Flow Volume - Approximation

Wastewater Collection Division
(619) 554-4100

Reference Sheet for Estimating Sewer Spills from Overflowing Sewer Manholes
All estimates are calculated in gallons per minute (gpm)

City of San Diego Metropolitan Wastewater Department

All photos were taken during a demonstration using metered water from a hydrant in cooperation with the City of San Diego Water Department.
## Reference Chart

### ESTIMATED SSO FLOW OUT OF M/H PICK HOLE

<table>
<thead>
<tr>
<th>Height of spout above M/H cover H in inches</th>
<th>SSO FLOW Q in gpm</th>
<th>Height of spout above M/H cover H in inches</th>
<th>SSO FLOW Q in gpm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/8</td>
<td>1.0</td>
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<td>1.4</td>
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<td>6.3</td>
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<tr>
<td>1/2</td>
<td>1.9</td>
<td>5 5/8</td>
<td>6.5</td>
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<td>2.2</td>
<td>5 3/4</td>
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<tr>
<td>4 7/8</td>
<td>6.0</td>
<td>10</td>
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</tr>
</tbody>
</table>

**Note:** This chart is based on a 7/8 inch diameter pick hole.
1. Count the number of upstream connections
2. Estimate the time that the overflow has been occurring. *(The overflow was probably flowing before it was reported)*
3. Each residence contributes about 240 gallons per day or about 10 gallons per hour. Multiply the number of residences by 10 and by the number of hours. This gives you the number of gallons.

**NOTE:** This is a conservative estimate because stoppages rarely stop all of the flow.
SANITARY SEWER OVERFLOWS
Procedures For Determining Flow Volume
And For Reporting to Regulatory Agencies

BOX A
Immediate Reporting to the Governor’s Office of Emergency Services

Within 1 hour of becoming aware of an SSO that meets any of the following criteria:
- Any SSO that is 1,000 gallons or more, or
- Any SSO that may imminently and substantially endanger human health, or
- Any SSO that causes fish kills

One of the Following Individuals:
- Source Control Inspector (office: 805.658.4654 cell: 805.207.1495 or 805.391.1291) or;
- Division Manager Water & Wastewater (office: 805.658.4679 cell: 805.207.1821 or);
- Coordinating Supervisor (office: 805.658.4648 cell: 805.432.0474 or);
- Water & Wastewater Supervisor (cell: 805.432.0203)

Is to Report the SSO to the Governor’s Office of Emergency Services:
1. Call the Governor’s Office of Emergency Services at 800-852-7550
2. Using the information from the Sanitary Sewer Overflow Report Form (Tab 5H), report the spill details & obtain a Control Number to provide the Regional Board (use the Phone Script on Side 2 of this page)

BOX B
24-Hour Reporting

Within 24 hours of becoming aware of an SSO that meets any of the following criteria:
- Any SSO that is 500 gallons or more, or
- Any SSO that may imminently and substantially endanger human health, or
- Any SSO that causes fish kills
- Any SSO that reached receiving waters, or
- Any SSO that required posting of “Warning – Raw Sewage” signs

One of the Following Individuals:
- Source Control Inspector (office: 805.658.4654 cell: 805.207.1495 or 805.391.1291) or;
- Division Manager Water & Wastewater (office: 805.658.4679 cell: 805.207.1821 or);
- Coordinating Supervisor (office: 805.658.4648 cell: 805.432.0474 or);
- Water & Wastewater Supervisor (cell: 805.432.0203)

Is to Report the SSO to the following: (use the Phone Script on Side 2 of this page)
- LA Region IV Regional Water Quality Control Board (Blythe Ponek —Bacha at 213.576.6720 or 213.576.6600)
- Environmental Health Dept (EHD): Fax the completed Tab 5I – Proposition 65 Report Form to 805.654.2480

- Westlake Lake Management Association, as appropriate: 818.889.5377
- Sherwood Valley Home Owner’s Association, as appropriate: 805.777.7882
- TSD Board (all members)

BOX C
5-Day Written Follow-Up Reporting to Regional Water Quality Control Board

Within 5-days of notifying the Regional Water Quality Control Board of an SSO, a written report containing the following information shall be submitted to the TSD Regional Water Quality Control Board contact:
- Location of spill;
- Date and time of spill;
- Volume and nature of the spill;
- Cause(s) of the spill;
- Mitigation measures taken;
- Size of the affected area;
- Number of warning signs placed and their location;
- How many samples were taken, sample location and constituents sampled;
- Names/times of the regulatory agencies contacted;
- Corrective measures implemented/proposed to prevent/minimize future occurrences

Note: Include photos of the damage/obstruction of the collection system and the area affected by the spill.
Phone Script for Reporting SSO's

The following reporting phone script should be used:

“This is (name) from the Triunfo Sanitation District. I have a sewage spill report to make. The Triunfo Sanitation District has experienced a sewer line blockage, resulting in the discharge of raw sewage. The blockage occurred at (time, date, and exact location). The quantity spilled was approximately (# of gallons). A Triunfo Sanitation District crew was dispatched to the site at (time) to clean up the spill. Cleanup operations were/will be completed by (time and date).”

NOTE: When leaving a message, please provide:
- Your name
- Agency Name (Triunfo Sanitation District)
- Your return phone number
- The following information about your spill:
  1. Date and time of occurrence;
  2. Location (street address, or nearest address and cross streets);
  3. Volume;
  4. Rate of flow;
  5. Duration;

REFER TO THE SEWER OVERFLOW REPORT FORM (Tab 5H) FOR THE INFORMATION NECESSARY FOR THIS PHONE REPORT
This Report is (check one): ☐ Preliminary ☐ Final ☐ Revised Final

A. SSO OCCURRING TIME
Date SSO originally reported:* ______/_____/______ SSO Date:* ____/____/_____ SSO Time:* ______:______
SSO End Date:* ____/____/_____ SSO End Time:* ______:______ SSO Duration:* (hour) ______________
SSO Reported To: ________________________________________________________________________________
SSO Reported By: ______________________________________________ Phone: __________________________

B. SSO DESCRIPTION
SSO Source:*  Manhole- Structure ID#: _________________________ Pipe  Clean Out  Pump station  Other
- If Other, please specify: __________________________________________________________________________
Final spill destination:  * Storm Drain  Capture in Storm Drain  Building Structure  Yard/Land
  Street/Curb & Gutter  Surface Water Impact  Ground Water Impact  No Water Involved  Unknown
Did incident reach State water?*  Yes  No Any Fish Killed?*  Yes  No
Estimate volume spilled:* (in gallons) ________________ Method Calculated:________________________________
_______________________________________________________________________________________________
Volume of SSO recovered/contained:* (gal) __________ Volume of SSO discharged to State water:* (gal) __________
Were photos taken?  No  Yes – How many?: _____________________

C. SSO LOCATION
Street address/Site:*______________________________________________________________________________
City:* ____________________ County:* __________________ ZIP Code:* _______________

D. CAUSE OF SSO
Spill Cause:  Blockage  Infrastructure Failure  Inflow Infiltration  Electrical Power Failure
  Flow Capacity Deficiency  Natural Disaster  Bypass  Cause Unknown
- If spill caused by Blockage, please specify:  Roots  Grease  Debris  Debris from Laterals  Vandalism
  Animal carcass  Construction Debris  Multiple Causes
- If spill caused by Infrastructure Failure, please specify:  Breakage of collection system
  Damage to collection system  Leaks to collection system  Pump station failure  Multiple causes
- Specify other cause: _____________________________________________________________________________

E. INCIDENT RESPONSE
Visual inspection result of receiving water:* __________________________________________________________
_______________________________________________________________________________________________
Were response/corrective actions taken? * Yes No Were clean-up actions taken? * Yes No
Were disinfections actions taken? * Yes NoWere samples collected? * Yes No
Any on-going investigation? * Yes No - If Yes, Please specify completion date: _____/_____/__________
- Status:  Open Active  Open Enforcement  Closed
Were health warning posted?  Yes No # Days warnings posted: ___________ Any beach closure?*  Yes  No
Health warning/Beach closure posting/details: __________________________________________________________
_______________________________________________________________________________________________

# of overflows w/in 1000ft of this location in last 12 months: ________ List dates: __________________________
Triunfo Sanitation District Sanitary Sewer Overflow Report – SIDE 2

REGULATORY NOTIFICATIONS - START HERE

Is the Estimated Volume > 1,000 gal?
- YES
- NO

Is the Estimated Volume > 500 gal?
- YES
- NO

Were Receiving Water Samples Collected?
- YES
- NO

Were “WARNING- RAW SEWAGE” Warnings Posted in Immediate Area?
- YES
- NO

Were Storm Drains/Ditches or ANY Other Natural Body of Water Reached By the Spill?
- YES
- NO

Forward This Completed Form and All Other Documentation and Pictures to the Water and Wastewater Division Manager

IMMEDIATELY Contact One of the Following & Request They Make Notifications As Indicated on Tab 5G:
- Source Control Inspector (office: 805.658.4654 cell: 805.207.1495 or 805.391.1291) or;
- Division Manager Water & Wastewater (office: 805.658.4679 cell: 805.207.1821) or;
- Coordinating Supervisor (office: 805.658.4648 cell: 805.432.0474) or;
- Water & Wastewater Supervisor (cell: 805.432.0203)

RECOMMENDED FOLLOW-UP ACTIONS TO PREVENT FUTURE OCCURRANCES*

CURRENT PM FREQUENCY: DATE OF LAST PM:

RECOMMENDED ACTIONS:
- TV
- RE-RUN
- CHANGE CLEANING SCHEDULE
- REPAIR LINE SEGMENT
- REPLACE LINE SEGMENT
- OTHER – Please Describe: ____________________________

NOTES:________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
# PROPOSITION 65 REPORT FORM

<table>
<thead>
<tr>
<th>DATE REPORT TAKEN:</th>
<th>TIME REPORT TAKEN (AM/PM):</th>
<th>LOG NUMBER:</th>
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</table>

| NAME OF PERSON TAKING REPORT: | | |
|--------------------------------|-----------------------------|

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<tr>
<th>NAME OF PERSON REPORTING:</th>
<th>JOB TITLE/POSITION:</th>
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<table>
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<tr>
<th>AGENCY/COMPANY NAME:</th>
<th>AGENCY/COMPANY TELEPHONE NUMBER:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>AGENCY/COMPANY STREET ADDRESS, CITY, ZIP:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF INCIDENT:</th>
<th>TIME OF INCIDENT:</th>
<th>AM</th>
<th>PM</th>
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</table>

<table>
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<tr>
<th>NAME/DESCRIPTION OF &quot;SUSPECTED&quot; MATERIAL INVOLVED:</th>
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<table>
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<tr>
<th>AMOUNT: (gallons, barrels, etc.)</th>
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</table>

<table>
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<th>PHYSICAL STATE:</th>
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<td>Solid</td>
<td>Liquid</td>
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<th>HOW DID THIS INCIDENT HAPPEN?</th>
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</table>

<table>
<thead>
<tr>
<th>ADDRESS/LOCATION OF INCIDENT (Complete &quot;Line 1&quot; or &quot;Line 2&quot;)</th>
<th></th>
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</thead>
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<table>
<thead>
<tr>
<th>LINE 1 Street Address:</th>
<th>City:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>LINE 2 Location (For example: “Brown Barranca”):</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>ACTION TAKEN:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>FOR EHD OFFICE USE ONLY</th>
<th></th>
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</table>

Distributed to: 

- Community Services (Sewage spills only):  
- Hazardous Materials (All other spills):
In order to properly gather and distribute all the necessary information at the scene of a sanitary sewer overflow (SSO), it is recommended the SSO Field Forms Packets be created and placed in all field vehicles that may be used to respond to an SSO. The following instructions will guide you through the assembly of the SSO Field Forms Packet using the form contained in Section 5 – Sanitary Sewer Overflows.

<table>
<thead>
<tr>
<th>STEP</th>
<th>ACTION</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Determine how many packets you wish to assemble.</td>
</tr>
<tr>
<td>2</td>
<td>Obtain the same number of Tyvek (water &amp; tear resistant) envelopes.</td>
</tr>
</tbody>
</table>
| 3    | Place 1 copy of each of the following in each Tyvek envelope.  
|      | - Tab 5A – Responding to a Sanitary Sewer Mainline Overflow  
|      | - Tab 5A side 2 - Responding to a Sanitary Sewer Mainline Overflow  
|      | - Tab 5H – Sanitary Sewer Overflow Report Form  
|      | - Tab 5I – Proposition 65 Report Form  
|      | - Tab 9 – Place a laminated copy of Tab 9 – "WARNING RAW SEWAGE” |
| 4    | Insert a new disposable camera into the envelope |
| 5    | Tape or otherwise secure to the front of each envelope a copy of the SSO Field Forms Packet Instructions (Master is located behind this page) |
| 6    | Place two staples through the top of the envelope |
| 7    | Place at least 1 complete SSO Field Forms Packet in each field vehicle that may be used to respond to an SSO. |
1st  Remove the Forms Marked 5A and 5A – side 2 from this packet and follow the instructions
   →Reference the Triunfo Sanitation District Sanitary Sewer Overflow and Backup Response Plan field binder, as necessary

2nd  Using the disposable camera in this envelope, take pictures of affected and unaffected areas before and after cleanup

3rd  Complete the Sanitary Sewer Overflow Report (Tab 5H)

4th  Complete the Proposition 65 Report Form (Tab 5I)

5th  PLACE THE FOLLOWING IN THIS ENVELOPE AND FORWARD TO YOUR SUPERVISOR
   - Completed Sanitary Sewer Overflow Report
   - Completed Proposition 65 Report Form
   - Any other documentation you may have made
   - Documentation of any notifications you made
   - Disposable camera
HOW TO USE A HYDROFLUSHER
TO CLEAR A LINE BLOCKAGE

FOLLOW ALL REQUIRED SAFETY PROCEDURES!

- Ensure All Employees Are Equipped & Use All Appropriate PPE
- Ensure All Necessary Traffic Controls Are In Place
- Ensure All Safety Program Requirements Are Observed (i.e. Confined Space, Manhole Hazards, Respiratory Protection, etc)

Check up & downstream manholes to identify the location of the blockage

STEP 1 – SETUP

- Position vehicle/sewer-cleaning equipment at downstream manhole from blockage
  - On steep lines where the downstream manholes are less than 5 feet deep, necessary precautions to prevent secondary overflows at downstream manholes must be taken. Form a containment barricade near the downstream manhole with use of sandbags, etc.
- Position the water jet over the 1st empty manhole below the blockage
- Attach a leader hose (a hose of a different color) to the regular hose – this serves as a benchmark for insertion & retrieval (NOTE: A leader hose helps prevent the hose from exiting the pipe prematurely & causing injury!)
- Select a PENETRATING nozzle with a small angle (i.e. 15-degrees) for blockages
- Install a nozzle extension between the end of the hose & the nozzle to prevent the nozzle and hose from turning up a service lateral
  - IF USING A ROLLER GUIDE: Lower it into the manhole & lock it into place
  - IF USING A TIGER TAIL: Insert the jet hose through it & tie the device in place to stabilize it
- Lower the hose, nozzle extension & nozzle into the manhole & into the pipe invert
  - IF USING A ROLLER GUIDE: Insert the hose as far as possible into the pipe before using the lower roller guide & engaging the water pressure – 3-feet is minimum!

STEP 2 – HYDROFLUSHING

- Run the line with just enough pressure to reach the blockage. When you reach the blockage, the hose should stop.
- Adjust the water pressure to the level appropriate for this type of blockage, pipe and situation.
  - NOTE: In sewer lines where property owner toilets have bubbled or overflowed due to high pressure back flushing, a lower pressure must be used to prevent additional backups
- If the hose does not advance, pull back on it and then let go. Repeat the steps until the hose breaks through the blockage.
- If the hose breaks through and the line is still plugged, run the hose until you hit another plug, then repeat the steps again.
- Clear the blockage by working from the lower end to the higher end of the flow
  - NOTE: Always jet the line a few feet at a time, returning the debris to the manhole - remove debris so further blockages are not created downstream
- Once you hear or see the rush of the water, turn off the pressure until the water level drops in the line. Once the flow is back to normal, run the hose up to the next manhole to insure that the line is free of all blockages, then pull the hose back. Check the upstream manholes to make sure the line is running.
- Always rewind the jet hose with the water pressure on to avoid flattening the hose.
  - NOTE: Always turn off the water pressure once you see the leader hose – failure to do so may result in serious injury!
SECTION 5 - BUILDING SEWERS, LATERAL SEWERS AND CONNeCTIONS:

5 - 1  MINIMUM SIZE, MINIMUM GRADE AND MAXIMUM GRADE: The minimum size of a building sewer shall be four inch (4") diameter. A building sewer serving a multiple dwelling of three or more units shall be not less than six inch (6") diameter. When more than one building is to be connected to a single side sewer, the side sewer from the point of intersection of two or more units shall be six inch (6") diameter or larger. The building sewer should maintain a minimum flow of two feet (2') per second. The maximum grade of a building sewer should not allow a flow in excess of ten feet (10') per second.

5 - 2  SEPARATE SEWERS: No two adjacent lots fronting on the same street shall be permitted to join in the use of the same side sewer and every building or industrial facility shall be separately connected with a public sewer if such sewer is available. However, one or more buildings located on property belonging to the same owner may be served with the same side sewer during the period of said ownership.

5 - 3  OLD BUILDING SEWERS: Old building sewers may be used in connection with new buildings only when they are found, upon examination, testing and approval of the appropriate City or County agency to be fully serviceable.

5 - 4  CLEANOUTS: Cleanouts in building sewers shall be provided in accordance with the Uniform Plumbing Code. Cleanouts shall be the same diameter as the building sewer and shall be watertight.

5 - 5  BUILDING SEWER TOO LOW: In all buildings in which any building sewer is too low to permit gravity flow to the public sewer, sanitary sewage carried by such building sewer shall be lifted by artificial means, approved by the District Engineer and discharged to the public sewer at the expense of the owner (see Plate No 30). Where there is possibility of reverse sewage flow due to construction of plumbing in structures in areas such as low lots in hilly areas and where hydraulic relief is not afforded in the upstream manhole and sewage may flow backwards and overflow the plumbing fixtures in a building, the owner shall at his expense provide, maintain and operate all necessary backflow protection measures and devices necessary to protect the building (see Plate No 29). The District does not accept the liability in the event the backflow protection measures and devices fail to protect the building. Any lot that requires any form of backflow protection shall have a "Declaration of Restriction" placed on the title of that property.

5 - 6  CONNECTIONS TO PUBLIC SEWERS

5 - 6.1  WHERE TO CONNECT: The connection of the building sewer into the public sewer shall be made at the lateral or tee branch, if such lateral or tee branch is available at the suitable location. Where no properly located tee branch is available, a neat hole may be cut into the public sewer and a tee saddle or a sewer wye saddle installed to receive the lateral sewer. In no case shall the pipe protrude beyond the inside diameter of the main sewer. The invert of the building or lateral sewer at the point of connection to the sewer main shall be at a higher elevation than the invert of the sewer main and shall be made in the presence of the Inspector. Second, the material removed by the neat hole cutting shall be removed from the sewer. Any damage to the public sewer shall be repaired at the cost of the applicant and to the satisfaction of the Inspector.

5 - 6.2  PROTECTION OF EXCAVATION: All excavations for a side or lateral sewer installation shall be adequately guarded with barricades and lights in order to protect the public from hazard.

Streets, sidewalks, parkways, and other property disturbed in the course of the work shall be restored in a manner satisfactory to the District and other entities involved with said appurtenances. The developer shall be solely responsible for the installation of said appurtenances; however, the design, location, and installation of said appurtenances must be approved in advance by the District Engineer. The appurtenances used shall be approved by the District Engineer and the appropriate authority. Nothing herein relative to the Districts approval of said appurtenances shall infer or place any responsibility upon the District for the maintenance or adequacy of said appurtenances.

All excavations including shoring and trench protection shall be performed in accordance with State and local regulations.

5 - 6.3  MAINTENANCE OF SIDE SEWER: Side sewers shall be maintained by the owner of the property served thereby.
Insert the VRSD


Behind This Page
VENTURA REGIONAL SANITATION DISTRICT

WATER & WASTEWATER OPERATIONS

EMERGENCY NUMBERS, PERSONNEL, and RESOURCE DIRECTORY

August 16, 2005
VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST
FOR ALL EMERGENCIES BETWEEN THE HOURS OF 7:00 A.M. AND 3:30 P.M.

SEE THE WEEKDAY CALL-OUT LIST OR CALL (805) 658-4605

FOR ALL EMERGENCIES AFTER-HOURS, WEEKENDS AND HOLIDAYS

CALL

Dial Security
(805) 389-9406
VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST

FIRE – POLICE – AMBULANCE 911

BACKFLOW PREVENTION DEVICE TESTERS (CERTIFIED)
Go to the Ventura County Environmental Health web page at:
http://www.ventura.org/envhealth/programs/x_connection/testers.htm

BEES
Stanley Pest Control
805-656-3377 or
800-566-2505

CHEMICAL SPILL
Chemtrec - 24 hour service, 7 days/week
800-424-9300
Chlorine - DX Systems
909-357-3771
Jones Chemical
310-523-1629

COMPRESSOR REPAIR
T & H Compressor Repair
805-653-0258

CONSTRUCTION (Pipe repairs, installation, water truck pumps, excavations)
Sam Hill & Sons, Inc.
805-656-1466
Joe Silvestri Construction, Inc.
805-649-1436
Brandt Construction
805-523-7818

DIG ALERTS
Underground Service Alert (USA/DigAlert)
800-422-4133

ELECTRIC REPAIRS
Diener’s Electric
805-483-9123
Foothill Electric
805-525-4488 or 805-525-2089
Taft Electric
805-642-0121

FUEL SERVICES (EMERGENCY)
Pinto Petroleum, Inc.
805-643-6129
Silvas Oil Co., Inc.
805-486-4581
MacValley Oil Co.
805-659-0722
VRSD sources: RayMel Lloyd
Gary Haden
805-525-0837(h)
805-644-5904(h)

GTE - CABLE LOCATING SERVICE
Underground Service Alert (USA/DigAlert)
800-227-2600

GENERATOR RENTAL
Quinn Company
805-485-2171
801 Del Norte Blvd., Oxnard

Contractors Equipment
805-983-3969
2101 E. Ventura Blvd., Oxnard
VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST

HOSPITALS

**Camarillo:**
St. John’s Pleasant Valley Hospital 805-389-5800
2309 Antonio Avenue, Camarillo

**Fillmore:** *This hospital is currently unavailable; see hospitals in Ventura*
Santa Paula Memorial Hospital 805-525-7171
825 North Tenth Street, Santa Paula

**Oxnard:**
St. John’s Regional Medical Center 805-988-2500
1600 N. Rose, Oxnard

**Piru (nearest is):** *This hospital is currently unavailable; see hospitals in Ventura*
Santa Paula Memorial Hospital 805-525-7171
825 North Tenth Street, Santa Paula

**Santa Paula:** *This hospital is currently unavailable; see hospitals in Ventura*
Santa Paula Memorial Hospital 805-525-7171
825 North Tenth Street, Santa Paula

**Simi Valley:**
Simi Valley Community Hospital 805-527-2462
2975 N. Sycamore Drive, Simi Valley

**Ventura:**
Community Memorial Hospital 805-652-5011
147 N. Brent, Ventura
Corner of Loma Vista & Brent St., Ventura

Ventura County Medical Center 805-652-6000
3291 Loma Vista Road, Ventura

LP GAS SERVICE
Amerigas (Petrolane Gas Service) 805-647-6603

LAS VIRGENES MUNICIPAL WATER DISTRICT
Pumps, generators 818-880-4110

LATERAL CAMERA WORK
Roto Rooter Plumbing Service 805-642-1980

PACIFIC BELL TELEPHONE COMPANY 611 – repairs
To mark cable - call Dig Alert (800) 422-4133

VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST

PUMPING SERVICES
ECI (5,000 gal. trucks) 805-648-5123
Welch’s & Gene’s (Vta/Oxnard) – (3,800 gal & 4,000 gal) 805-656-7161
Mr. Rooter 805-650-6650

SAFETY EQUIPMENT
Secorp Industries 805-642-7235
Emergency safety equipment: safety trailer, self-contained breathing apparatus, air, etc.

SANDBAGS
California Highway Products, El Rio 805-483-5447
United Building Materials, Camarillo 805-484-4391
Baron Bag Co., Los Angeles 800-562-6055

SOUTHERN CALIFORNIA EDISON
Emergency Repairs – Outages 800-611-1911
Comm./Industrial Services 800-990-7788
General Services 800-655-4555
Underground Cable Locating – Call Underground Service Alert (USA/DigAlert) 800-227-2600

SOUTHERN CALIFORNIA GAS COMPANY
Commercial/Industrial 800-427-2000
Residential 800-427-2200
Underground Cable Locating – Call Underground Service Alert (USA/DigAlert) 800-227-2600

SPILL REPORTING (see procedures on pages 13 – 14):
Regional Water Quality Control Board 213-576-6600
Sheriff’s Office of Emergency Services 805-654-2551
State Fish and Game Department Dispatch Center: 916-445-0045
State Office of Emergency Services 916-262-1621
To report hazardous waste violations only: 800-852-7550 or 800-698-6942
Ventura County Environmental Health Department Information and Message Center 805-654-2813 After hours: 805-654-5000

Hazardous Materials 805-654-2813
VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST

THOUSAND OAKS ASSISTANCE NUMBERS
 Thousand Oaks has a 6” pump, a couple of 3” pumps, and 500’ of 6” sewer bypass hose.

A Accurate Answering at 805-496-6094. Call to get standby person - Standby person will call you back after service gives them your name & number.

City of Thousand Oaks - Main number 805-449-2100

Water Operations:
Ed Dusablon 805-449-2499 x 432 (w)

Collection System:
Mel Hensen – Municipal Svcs Superintendent 805-449-2499 x 340 (w)
John Smalis – Wastewater Maint. Supervisor 805-449-2499 x 433 (w)

Treatment Plant:
Chuck Rogers 805-449-2480 x 224 (w)
805-640-8160 (h)
Allan Krieger 805-449-2480 x 230 (w)
805-479-1364 (h)
Michael Lambert 805-449-2480 x 228 (w)
805-499-0943 (h)

TRAFFIC CONTROL SERVICES
Sierra Traffic Services Inc. (24 hours) 805-388-2474
PO Box 222 toll-free: 800-414-0335
Sonoita CA. 93066 fax: 805-987-4896
www.sierratraffic.com

TOWING SERVICES
McCarty & Sons Towing (heavy & light) 805-656-4959
1608 East 5th Street, Oxnard
Jim’s Fillmore Towing 805-524-2899
515 Ventura, Fillmore (Also Piru)
Roy’s Towing 800-394-8969
3441,2 Thousand Oaks Blvd., Thousand Oaks

VENTURA COUNTY PUBLIC WORKS
Ron Coons, Director (Business) 805-654-2073
(24-hour) 805-584-1852
VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST

VENTURA COUNTY FLOOD CONTROL – now Watershed Protection District
Main Number – 800 S. Victoria Ave., Ventura 805-654-2001
Emergencies - Western Ventura County 805-388-4505
Emergencies - Eastern Ventura County 805-584-4826
      After Hours: 805-654-5000
Storm Drain Spills 805-654-2032
To Report Illicit Discharge/Dumping 805-650-4064

VENTURA COUNTY ROAD DEPARTMENT
Road Maintenance 805-388-4515
Road Closure Information 805-388-4515

VRSD ENCROACHMENT PERMITS
Department of Transportation 805-654-2055
County of Ventura Public Works 805-654-2026

WEATHER FORECAST
National Weather Service, 24-Hour Weather Forecast 805-988-6610
VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST

WATER & WASTEWATER OFFICE PERSONNEL
District Office - 1001 Partridge Drive, Ventura CA 805-658-4605

WATER & WASTEWATER FACILITIES
Monday - Friday 7:00 a.m. to 3:30 p.m.

Bell Canyon Pump Station 818-340-8141

Liquid Waste Treatment Facility No. 1 (LWTF) CLOSED
3555 Ventura Rd, Ventura 93003

Montalvo Treatment Plant (MMID) 805-658-4649 or 805-658-4648
3555 Ventura Road, Ventura 93003.

North Coast Station Numbers:
Solimar 805-643-9507
Puria 805-641-1936
RVPark 805-643-9145
Seacliff 805-641-0742
Mussel Shoals 805-641-3819

Oak Park Water Service 818-874-9685
Deerhill Pump Station — 5000 Bishopwood, Oak Park 91377
Customer Service 800-613-0901

Piru Treatment Plant - 2815 East Telegraph Rd, Piru 93040 805-521-1507
North of Highway 126, approx. 5 miles east of Fillmore

Piru Lift Station - 805-521-1256

Rio Manor Mutual Water 805-658-4648
Office: 805-483-6312

Saticoy Wastewater Treatment Facility - Saticoy at Brown Barranca

Thomas Aquinas College 805-525-4417
10000 N. Ojai Road, Santa Paula, CA 93060
VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST

WATER & WASTEWATER FACILITIES - continued

Triunfo Sanitation District
1001 Partridge Dr., Ventura 93003
Bell Canyon Lift Station Alarm - Bell Canyon Road, Bell Canyon 805-658-4637
Westlake Lift Station - Triunfo Canyon Road, Westlake Village 805-658-4637
Lake Sherwood - Stafford Road 805-373-5316
Lake Sherwood Drive 805-373-7394

VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST PERSONNEL
*Please note: All area codes are 805 unless listed otherwise*

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After Hours - Contact Dial Security for Standby contact: 389-9406
VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST

Technical Services Department
Doug Hanson  Coordinating Supervisor  658-4648 (office)  432-0474 (mobile)
Ignacio Godinez  WWWW Supervisor  432-0203 (mobile)

VacCon
Andy Hovey  WWWW Division Manager  207-1821 (mobile)
Jim Wattell  Sr. WWWW Worker  432-0478 (mobile)
Tim Bouvet  WWWW Worker  207-0595 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

Bell Canyon (Pump Station on Buckskin 818-340-8141)
Jim Buckley  Operator  432-1031 (mobile)
Bob Pettit  H2O Distribution Specialist  432-0477 (mobile)
Ignacio Godinez  WWWW Supervisor  432-0203 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

Emergency pumping services – Gene’s Pumping in Calabasas 818-880-9552

Calleguas Municipal Water District (24 hrs/day)  501-1528 or 526-9323

Channel Islands Beach Community Services District
Doug Hanson  Coordinating Supervisor  658-4648 (office)  432-0474 (mobile)
Ignacio Godinez  WWWW Supervisor  432-0203 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

Lake Sherwood Reclaimed Water System
Jim Buckley  Operator  432-1031 (mobile)
Bob Pettit  H2O Distribution Specialist  432-0477 (mobile)
Doug Hanson  Coordinating Supervisor  432-0474 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

Generator emergency – call Duthie Electric 714-778-0275 (24 hour service)

Lake Sherwood 3A Pump Station on the lake - 662 Lake Sherwood Dr 373-7394
& Lake Sherwood 3 Polo Field, 2121 Stafford Rd, 373-5316 (tumble lock = 2215)
Jim Buckley  Operator  432-1031 (mobile)
Bob Pettit  H2O Distribution Specialist  432-0477 (mobile)
Doug Hanson  Coordinating Supervisor  432-0474 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406
VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST

Montalvo Treatment Plant
Stan Rusk Operator 432-0332 (mobile)
Raul Juarez Operator 207-0348 (mobile)
Doug Hanson Coordinating Supervisor 432-0474 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

North Coast Pump Station
Ignacio Godinez WWWW Supervisor 432-0203 (mobile)
Sam Webber WWWW Mechanic 857-1482 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

North Coast Collection
Ignacio Godinez WWWW Supervisor 432-0203 (mobile)
Sam Webber WWWW Mechanic 857-1482 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

North Coast Station Numbers:
Faria 641-1936 #6240 or #93182
Mussel Shoals 641-3819 No gate
RV Park 643-9145 No gate
Seacliff 641-0742 2055
Solimar 643-9507 Push start, #2945
After Hours - Contact Dial Security for Standby contact: 389-9406

North Ranch (pump station 499 Country Valley Rd)
Jim Buckley Operator 432-1031 (mobile)
Bob Pettit Sr. WWWW Worker 432-0477 (mobile)
Doug Hanson Coordinating Supervisor 432-0474 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

Oak Park Water Service
Deerhill Pump Station 818-879-2188 or 818-874-9685
Bob Pettit Sr. WWWW Worker 432-0477 (mobile)
John Johnston Sr. WWWW Worker 432-0476 (mobile)
Jim Buckley Operator 432-1031 (mobile)
Doug Hanson Coordinating Supervisor 432-0474 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

OAK PARK FIRE DEPT. STATION 36 805-371-1111, then enter 36

Piru Treatment Plant & Lift Station
Stan Rusk Operator 432-0332 (mobile)
Doug Hanson Coordinating Supervisor 432-0474 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406
VENTURA REGIONAL SANITATION DISTRICT EMERGENCY LIST

Rio Manor Mutual Water Co. 483-6312
**If water must be shut off for repairs, notify Fire Department at 385-7712 or 385-7713**
Stan Rusk Operator 432-0332 (mobile)
Sam Webber WWWW Mechanic 857-1482 (mobile)
Ignacio Godinez WWWW Supervisor 432-0203 (mobile)
Doug Hanson Coordinating Supervisor 432-0474 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

Sanicov Sanitary District 658-4605
Stan Rusk Operator 432-0332 (mobile)
Raudel Juarez Operator 207-0348 (mobile)
Ignacio Godinez WWWW Supervisor 432-0203 (mobile)
Doug Hanson Coordinating Supervisor 432-0474 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

Triunfo Sanitation District Collection System 658-4605
Jim Wattell Sr. WWWW Worker 432-0478
Ignacio Godinez WWWW Supervisor 432-0203 (mobile)
Doug Hanson Coordinating Supervisor 432-0474 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

Westlake Pump Station
Jim Buckley Operator 432-1031 (mobile)
Bob Pettit H2O Distribution Specialist 432-0477 (mobile)
Doug Hanson Coordinating Supervisor 432-0474 (mobile)
After Hours - Contact Dial Security for Standby contact: 389-9406

Engineer
Mark Capron Senior Civil Engineer 658-4606 (w) 432-4886 (mobile)
Chum Senivongs Engineer 658-4647 (w) 207-2173 (mobile)

Environmental & Safety Staff
Pete Chartier Source Control Inspector 658-4654 (w) 207-1495 (mobile)
Scott Quady Sr. Source Control Inspector 658-4658 (w) 207-1364 (mobile)
Andy Hovey WWWW Division Manager 658-4679 (w) 207-1821 (mobile)
Mark Potter Safety Officer 658-4677 (w) 207-2216 (mobile)
WARNING!

RAW SEWAGE – KEEP OUT!

Triunfo Sanitation District
805.658.4605

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