

City of Tracy

Spill Emergency Response Plan

FINAL

JUNE 2023

Prepared for:

CITY OF TRACY
Operations and Utilities Department
333 Civic Center Plaza
Tracy, CA 95376
(209) 831-6300

Prepared by:

BLACK WATER CONSULTING ENGINEERS, INC.
602 Lyell Drive
Modesto, CA 95356
(209) 322-1820



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ATTACHMENTS

- A Procedure for Receiving a Sewer Spill/Backup Report
- B Procedures for Responding to a Sanitary Sewer Spill
- C Procedures for Responding to a Sanitary Sewer Backup
- D Sewer Backup Claims Procedures and Forms
- E Customer Relations Practices
- F Procedure for using a Hydroflusher
- G Emergency Contacts
- H Annual Review of Spill Emergency Response Plan Documentation

1 Introduction

This Spill Emergency Response Plan (ERP) was prepared for the City of Tracy (City) as a stand-alone document to meet the State Water Resources Control Board (SWRCB) Order WQ 2022-0103-DWQ, Statewide Waste Discharge Requirements General Order for Sanitary Sewer Systems (Order WQ 2022-0103-DWQ or General Order), and to reflect any changes in staffing or notification requirements, including contact numbers. The General Order was adopted by the SWRCB on December 6, 2022, and becomes effective on June 5, 2023. The General Order supersedes Order No. 2006-0003-DWQ and any amendments thereafter.

The General Order states that existing enrollees with regulatory coverage under Order 2006-0003-DWQ shall update and implement the Spill ERP within six months of the adoption date of the General Order. No submittal of the Spill ERP to the California Integrated Water Quality System Project (CIWQS) is required. The Spill ERP is an internal document that should be available for the City's staff to implement. The City should update the Spill ERP as needed and provide an annual review of the Spill ERP to determine the effectiveness of the plan.

1.1 Purpose

The purpose of this Spill ERP is to ensure that the City has measures in place to protect public health and the environment by responding to spills from the sewer system in a timely manner and to collect information for prevention of future spills.

1.2 Regulatory Requirements

According to the General Order, the Spill ERP must include procedures to:

- Notify primary responders, appropriate local officials, and appropriate regulatory agencies of a spill in a timely manner;
- Notify other potentially affected entities (for example, health agencies, water suppliers, etc.) of spills that potentially affect public health or reach waters of the State;
- Comply with the notification, monitoring and reporting requirements of this General Order, State law and regulations, and applicable Regional Water Board Orders;
- Ensure that appropriate staff and contractors implement the Spill Emergency Response Plan and are appropriately trained;
- Address emergency system operations, traffic control and other necessary response activities;
- Contain a spill and prevent discharge to waters of the State or any drainage conveyance system;
- Minimize and remediate public health impacts and adverse impacts on beneficial uses of waters of the State;
- Remove sewage from the drainage conveyance system;
- Clean the spill area and drainage conveyance system in a manner that does not inadvertently impact beneficial uses in the receiving waters;
- Implement technologies, practices, equipment, and interagency coordination to expedite spill containment and recovery;

- Implement pre-planned coordination and collaboration with storm drain agencies and other utility agencies/departments prior, during, and after a spill event;
- Conduct post-spill assessments of spill response activities;
- Document and report spill events as required in the new General Order; and
- Annually, review and assess effectiveness of the Spill Response Plan, and update the Plan as needed.

1.3 Spill Categories

There are four categories of SSOs as established by Order WQ 2022-0103-DWQ.

- Category 1 Spill
 - Any volume of sewage that discharges to a surface water, including a surface water body that contains no flow or volume of water, or
 - Any volume of sewage that discharges to a drainage conveyance system that discharges to a surface water when the sewage is not fully captured and returned to the sewer system or disposed of properly.
- Category 2 Spill
 - A spill of 1,000 gallons or greater that does not discharge to a surface water.
- Category 3 Spill
 - A spill equal or greater than 50 gallons and less than 1,000 gallons that does not discharge to surface water.
- Category 4 Spill
 - A spill of less than 50 gallons that does not discharge to surface water.

1.4 Definitions

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 City 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;
- Does not contaminate carpet, walls, furniture, or other homeowner belongings that require specialized cleaning and/or disinfection;
- 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 City 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
- Is greater than 100 gallons.

2 Procedures

Table 1 lists procedures and practices associated with responding to sewer spills and backups which are provided as attachments to this Spill ERP. The main goals of these procedures are to protect public health, the environment, and property from sewage spill events and to make every feasible effort to restore affected areas as soon as possible.

Table 1 – Spill ERP Procedures and Practices

Attachment	Description
A	Procedure for Receiving a Sewer Spill/Backup Report
B	Procedures for Responding to a Sanitary Sewer Spill
C	Procedures for Responding to a Sanitary Sewer Backup
D	Sewer Backup Claims Procedures and Forms
E	Customer Relations Practices
F	Procedure for using a Hydroflusher
G	Emergency Contacts
H	Annual Review of Spill Emergency Response Plan Documentation

3 Notification

Water Code Section 13267 and Section 13383 require notifying of appropriate parties of a spill event. Failure to comply with the notification requirements is an enforceable component of the General Order and may subject the City to civil liabilities. The following sections briefly summarize the notification requirements. Notification of the appropriate parties is integrated into the Spill Emergency Response Procedures described in the next section and included as attachments to this plan.

3.1 Notification of Primary Responder

Notification of a sewer spill or backup may be received from the public, representatives of the contributing agencies, an external agency, or from staff within the organization. The priority is to notify the appropriate City staff, “primary responders,” who are trained and equipped to respond to the spill as quickly as possible. If a sewer spill or a sewer backup is reported during regular business hours, Operations and Utilities Department staff will typically receive the notification and will then notify the wastewater department. If the spill is reported during non-business hours, City police dispatch will receive the notification and will then be responsible for notifying Operations and Utilities Department standby personnel.

Refer to **Attachment A**, Flow Chart 1, Receiving a Sewage Spill/Backup Report, for more information regarding notification of the primary responder.

3.2 Notification to Regulatory Agencies

The Procedures for Responding to a Sanitary Sewer Spill provided in **Attachment B** include notification of regulatory agencies.

The California Office of Emergency Services (OES), Central Valley Regional Water Quality Control Board (RWQCB), and San Joaquin County Environmental Health Department should be notified as soon as possible, but not later than two hours after the City has knowledge of the spill and notification can be provided without substantially impeding cleanup or other emergency measures of a Category 1 spill that exceeds 1,000 gallons.

Following the initial notification to OES, RWQCB, and the County EHD and until a spill report is certified on the CIWQS Sanitary Sewer System Database, the City shall provide updates to each of these regulatory agencies regarding substantial changes to the estimated spill volume, estimated discharge volume discharged directly into water of the State or indirectly into a drainage conveyance system, and additional impact(s) to the receiving water(s) and beneficial uses.

If there is evidence of fish kill, the California Department of Fish and Game should also be notified.

3.3 Notification Procedures to Potentially Impacted Entities

In addition to posting warning signs to impacted public areas and notifying regulatory agencies, City staff should also notify potentially impacted entities such as other City departments, businesses, schools, neighboring cities, and other public agencies. These entities will vary depending on the location of the spill.

4 Spill Emergency Response Plan Training and Awareness Program

The Spill ERP should be placed in each utility truck available for staff to use at any time. Staff should be trained in how to use the document. Spill emergency responses should be addressed on an as-needed basis at safety meetings. Spill response should be reviewed by supervising staff on an ongoing basis, and adjustments identified and applied based on the adequacy of staff spill response. The City should assess spill response activities and identify ways to improve, particularly for significant spills. Staff training may be intensified during periods when spills are a greater risk, such as prior to significant storm events.

Refer to **Attachments B** through **D** for the response to sanitary sewer spill and backup forms and instructions. Additionally, **Attachment E**, Customer Relations Practices, and **Attachment F**, Procedure for using a Hydroflusher, are included in this Spill ERP and provide useful guidance.

5 Coordination with Other Agencies

The City currently coordinates with the SWRCB and other nearby Central Valley wastewater agencies. The City shall notify other appropriate agencies provided in Section 3.2 and **Attachment B8**.

6 Post-Spill Assessments

The City should conduct a post-spill assessment of spill response activities. As stated in the General Order, sampling of bacterial indicators shall be sufficient to determine post-spill (after the spill) compliance with the water quality objectives and bacterial standards of the California Ocean Plan or the California Inland

Surface Water Enclosed Bays, and Estuaries Plan, including the frequency and/or number of post-spill receiving water samples as may be specified in the applicable plans.

The City should collect and analyze additional samples as required by the applicable Regional Water Board Executive Officer.

7 Documentation and Reporting

Under the General Order, all reporting must be submitted electronically to the online CIWQS Sanitary Sewer System Database unless specified otherwise. Electronic reporting may solely be conducted by a Legally Responsible Official or Data Submitter(s) previously designated by the Legally Responsible Official. Refer to **Table 2** for the reporting requirements for Spill Categories 1-4.

Table 2 – Spill Categories Requirements

Spill Category 1: Spills to Surface Waters	
Notification	Within two hours of the Enrollee’s knowledge of a Category 1 spill of 1,000 gallons or greater, discharging or threatening to discharge to surface waters: <ul style="list-style-type: none"> • Notify the California Office of Emergency Services.
Monitoring	<ul style="list-style-type: none"> • Conduct visual monitoring; For spills of 50,000 gallons or greater to surface waters: • Conduct receiving water sampling within 18 hours of initial knowledge of spill
Reporting	<ul style="list-style-type: none"> • Submit Draft Spill Report within three business days of the knowledge of the spill; • Submit Certified Spill Report within 15 calendar days of the spill end date; • Submit Technical Report within 45 calendar days after the spill end date – for a Category 1 spill of 50,000 gallons or greater; • Submit Amended Spill Report within 90 calendar days after the spill end date.
Spill Category 2: Spills of 1,000 Gallons or Greater That Do Not Discharge to Surface Waters	
Notification	Within two hours of the knowledge of a Category 2 spill of 1,000 gallons or greater, discharging or threatening to discharge to waters of the State: <ul style="list-style-type: none"> • Notify California Office of Emergency Services.
Monitoring	<ul style="list-style-type: none"> • Conduct visual monitoring.
Reporting	<ul style="list-style-type: none"> • Submit Draft Spill Report within three business days of the knowledge of the spill; • Submit Certified Spill Report within 15 calendar days of the spill end date; • Submit Amended Spill Report within 90 calendar days after the spill end date.

Spill Category 3: Spills of Equal to or Greater than 50 Gallons and Less Than 1,000 Gallons That Do Not Discharge to Surface Waters	
Notification	Not Applicable
Monitoring	Conduct visual monitoring.
Reporting	<ul style="list-style-type: none"> • Submit monthly Certified Spill Report to the online CIWQS Sanitary Sewer System Database within 30 Calendar days after the end of the month in which the spills occurred; • Submit Amended Spill Report within 90 calendar days after the Certified Spill Report due date.
Spill Category 4: Spills Less Than 50 Gallons That Do Not Discharge to Surface Waters	
Notification	Not Applicable
Monitoring	Conduct visual monitoring.
Reporting	<ul style="list-style-type: none"> • Certify monthly, the estimated total spill volume and the total number of all Category 4 spills into CIWQS, within 30 days after the end of the calendar month in which the spills occurred. • Upload and certify a report of all Category 4 spills to CIWQS, by February 1st after the end of the calendar year in which the spills occurred.

8 Emergency Contact Information

Refer to **Attachment G** for the City’s and emergency contractors/equipment rental vendors contact information.

9 Annual Review and Assessment

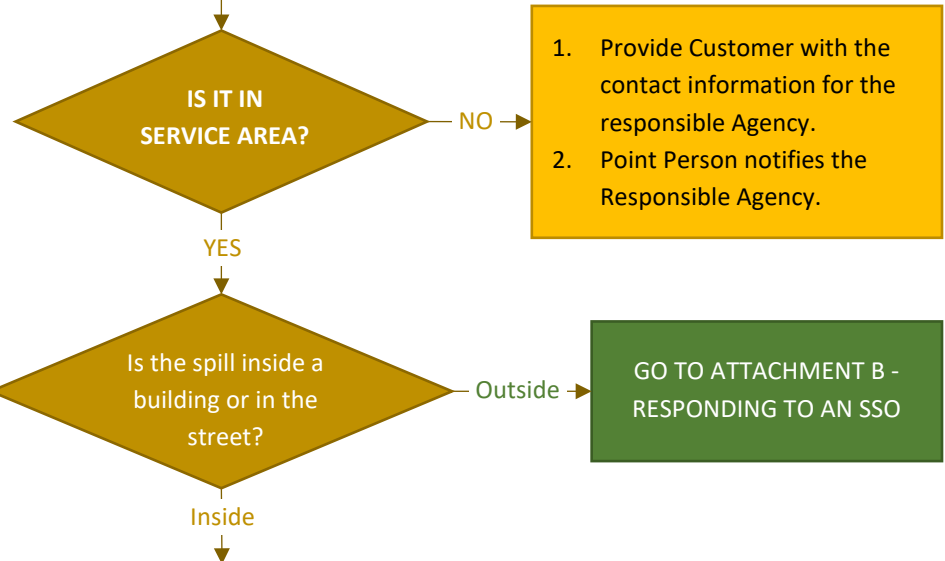
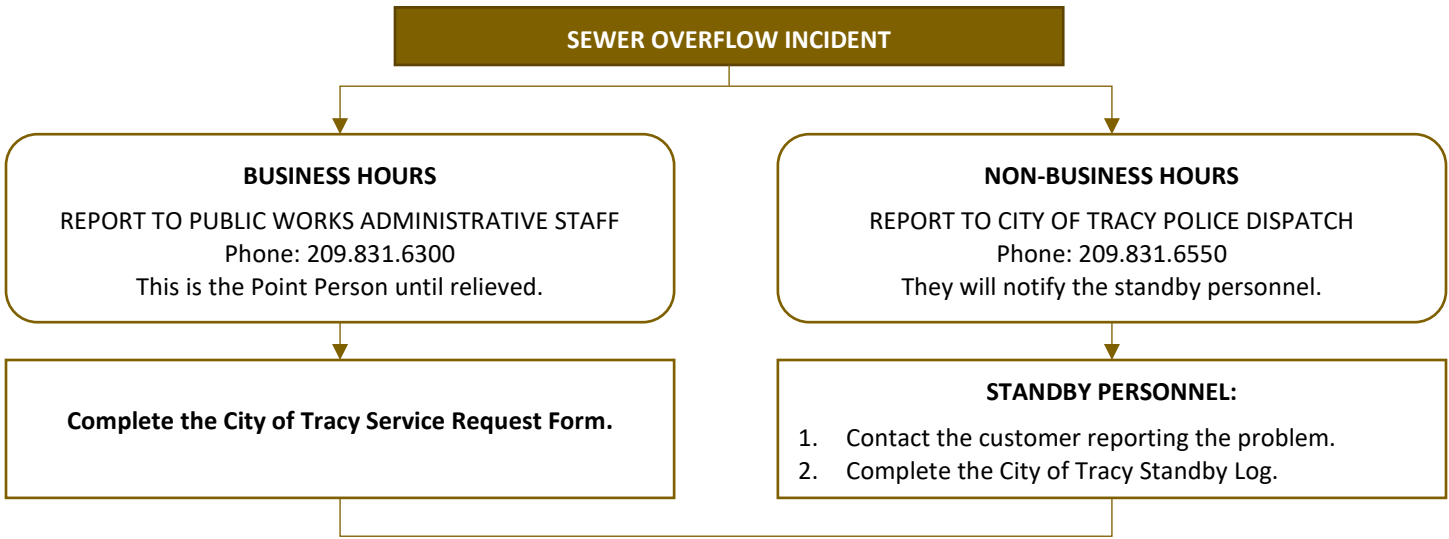
In accordance with the requirements of the General Order, this Spill ERP should be reviewed annually and updated as needed. Records of the annual review should be maintained. A form to document the annual reviews is provided as **Attachment H**.

10 References

- [1] Sanitary Sewer Overflow & Backup Response Plan for the City of Tracy, prepared by Risk Management Solutions, Updated January 2009.
- [2] Sewer System Management Plan, prepared by CH2M Hill, Inc., updated September 2010.

ATTACHMENTS

<p>Point Person Responsibilities This person takes the initial report.</p>	<p>Scene Supervisor Responsibilities This person will be in charge of the response at the actual scene of the overflow.</p>
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TELL THE CUSTOMER
(See Attachment E for Customer Relations Tips)

- Clearly communicate who will be out, when they will arrive, and what area(s) they will need access.
- Clearly communicate that a blockage in the sewer main line will be promptly cleared, **but that the City of Tracy personnel are not allowed to work on a blockage in the property owner's/resident's service lateral line.** Use general terms that the caller can understand and give the caller your name for future reference.
- Show concern and empathy for the property owner/resident, **but do not admit or deny liability.**
- Instruct the caller to keep all family members and pets away from the affected area.
- Instruct the caller to place towels, rags, blankets, etc. between areas that have been affected and areas that have not been affected.
- Instruct the caller to not remove any contaminated items - *let the professionals do this.*
- Instruct the caller to turn off their HVAC System.
- Instruct the caller to move any uncontaminated property away from the overflow area.

GO TO ATTACHMENT C - RESPONDING TO A SEWER BACKUP

TOPIC	ATTACHMENT
Responding to a Sanitary Sewer Mainline Overflow	B1
Procedure for Collecting Receiving Water Samples After a Sewage Spill	B2
Procedure For Calculating Spill Volume - Measurement	B3
Procedure For Calculating Spill Volume – Estimating Flow Out of a Manhole	B4
Procedure For Calculating Spill Volume – Estimating Flow Out of a Pick Hole	B5
Procedure For Calculating Spill Volume – Estimating Flow By Counting Service Connections	B6
Guide To Reporting To Regulatory Authorities	B7
Sewer Overflow Report Form	B8
SSO Field Forms Packet Assembly Instructions	B9

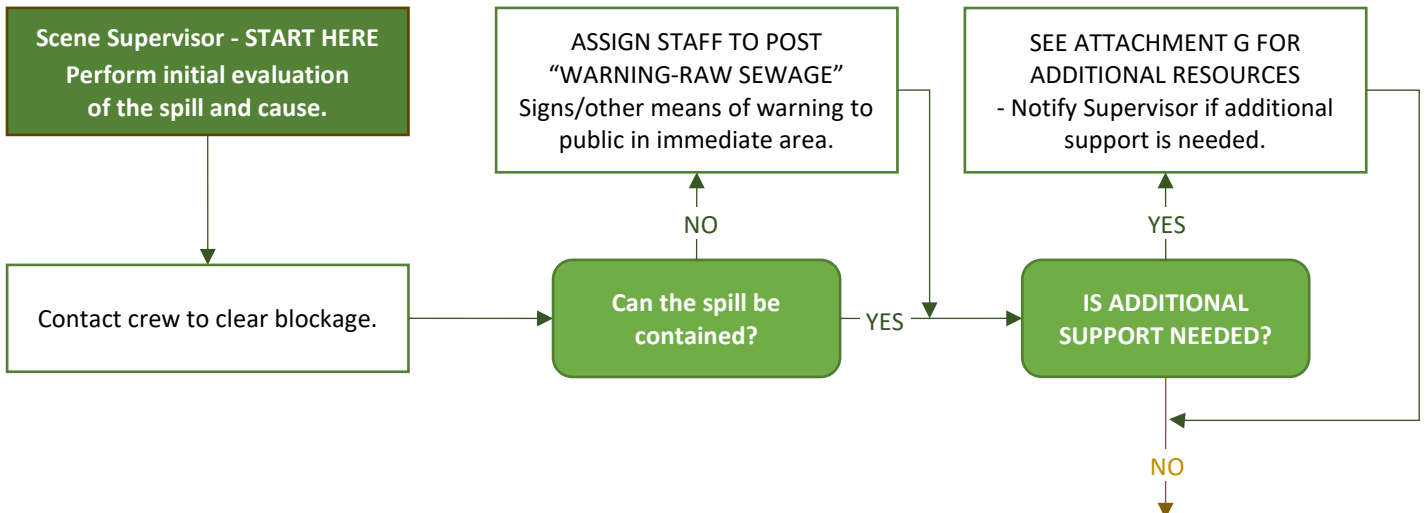
THE RESPONDER'S ROLE

Responders to Sanitary Sewer Overflows are required 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 to protect the environment.

THE RESPONDER'S ROLE:

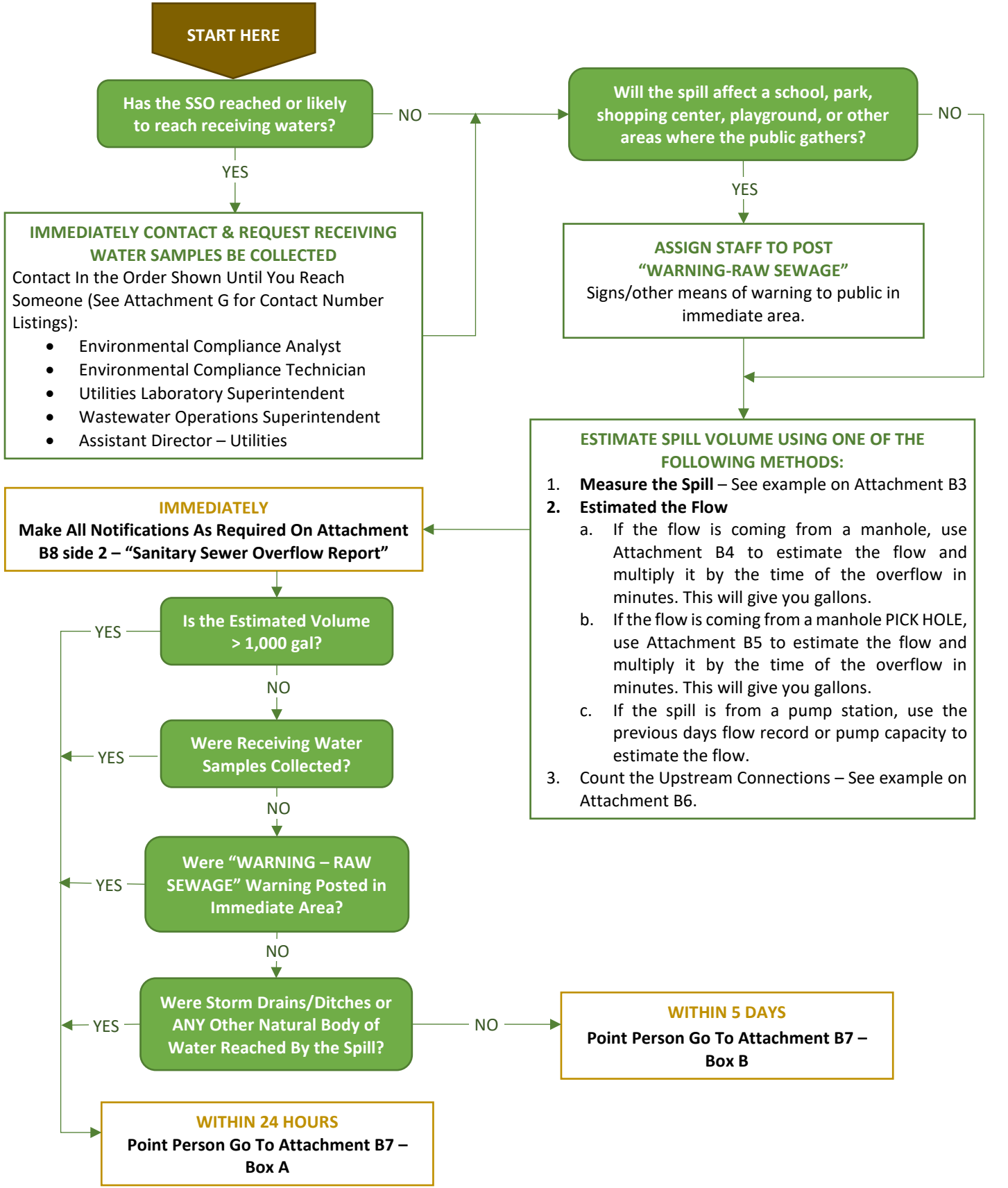
- To protect public health, environment & property from sewage spill events & to make every feasible effort to restore affected areas to normal as soon as possible.
- To establish perimeters and control zones with cones, barricades, vehicles or by using the terrain.
- To contain sewage discharged to the maximum extent possible.

Utilities Line Maintenance Supervisor Responsibilities	Scene Supervisor Responsibilities
Dispatch Crew and Appropriate Equipment (Vactor, Outdoor Sewage Spill Response Materials (storm drain mats, diversionary booms, camera, Sewage Overflow Report)	



STEP	ACTIONS
1ST - Diversion and Containment	<ol style="list-style-type: none"> 1. DIVERT AWAY FROM SENSITIVE AREAS <ol style="list-style-type: none"> 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 AND RETURN TO SYSTEM, IF POSSIBLE → Techniques: <ol style="list-style-type: none"> a. Install air plugs in storm drain catch basins and divert flow to catch basin. b. Build berm to channel flow to downstream manhole (barricade if you leave it open). c. Use bypass pumps to pump around blockage until it can be removed. d. Divert to low area of ground where it can be collected later.
2nd - Blockage Clearing	Use the HydroVac to clear blockage first (SEE ATTACHMENT F FOR THE HYDROFLUSHING SOP). If the problem is roots, complete a work order to have the line rodded.
3rd - Area Cleanup	ASSIGN STAFF TO BEGIN CLEANUP <ol style="list-style-type: none"> 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). <ol style="list-style-type: none"> 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 and Report	<ol style="list-style-type: none"> 1. Photograph the spill location and the area affected. 2. Complete the Sewage Overflow Report ATTACHMENT B8). 3. Go to Side 2 and follow the instructions.

Utilities Line Maintenance Supervisor Responsibilities	Scene Supervisor Responsibilities
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Is the Estimated Volume > 1,000 gal?

NO

Were Receiving Water Samples Collected?

NO

Were “WARNING – RAW SEWAGE” Warning Posted in Immediate Area?

NO

Were Storm Drains/Ditches or ANY Other Natural Body of Water Reached By the Spill?

WITHIN 5 DAYS
Point Person Go To Attachment B7 – Box B

WITHIN 24 HOURS
Point Person Go To Attachment B7 – Box A

COLLECT SAMPLES AS FOLLOWS:

1. For sewage spills in which an estimated 50,000 gallons or greater are discharged into a surface water, the City shall conduct the following water quality sampling no later than 18 hours after the City’s knowledge of a potential discharge to a surface water:
 - a. Collect one water sample, each day of the duration of the spill, at:
 - i. A point in a drainage conveyance system before the drainage conveyance system flow discharges into a receiving water.
 - ii. Each of the three receiving water sampling locations described as follows:
 1. A point in the receiving water where sewage initially enters the receiving water.
 2. A point in the receiving water, upstream of the point of sewage discharge, to capture ambient conditions absent of sewage discharge impacts.
 3. A point in the receiving water, downstream of the point of sewage discharge, where the spill material is fully mixed with the receiving water.

If the receiving water has no flow during the duration of the spill, the City must report “No Sampling Due To No Flow” for its receiving water sampling locations.
2. The City shall analyze the collected receiving water samples for the following constituents per the Water Quality Analysis Specifications of this Attachment:
 - a. Ammonia, and
 - b. Appropriate bacterial indicator(s) per the applicable Basin Plan water quality objectives, including one or more of the following, unless directed otherwise by the Regional Water Board:
 - i. Total Coliform Bacteria
 - ii. Fecal Coliform Bacteria
 - iii. E-coli
 - iv. Enterococcus

Dependent on the receiving water(s), sampling of bacterial indicators shall be sufficient to determine post-spill (after the spill) compliance with the water quality objectives and bacterial standards of the California Ocean Plan or the California Inland Surface Water Enclosed Bays, and Estuaries Plan, including the frequency and/or number of post-spill receiving water samples as may be specified in the applicable plans.
3. The City shall collect and analyze additional samples as required by the applicable Regional Water Board Executive Officer or designee.

WATER QUALITY ANALYSIS SPECIFICATIONS

Spill monitoring must be representative of the monitored activity (40 Code of Federal Regulations section 122.41(j)(1)).

Sufficiently Sensitive Methods

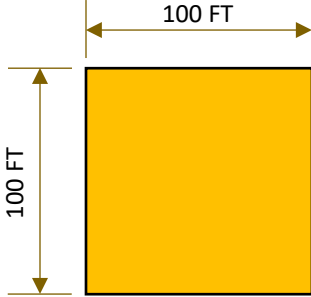
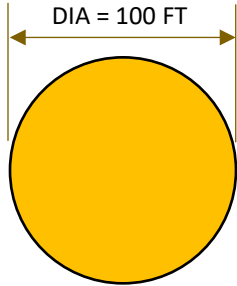
Sample analysis must be conducted according to sufficiently sensitive test methods approved under 40 Code of Federal Regulations Part 136 for the sample analysis of pollutants. A method is sufficiently sensitive when the minimum level of the analytical method approved under 40 Code of Federal Regulations Part 136 is at or below the receiving water pollutant criteria.

Environmental Laboratory Accreditation Program-Accredited Laboratories

The analysis of water quality samples must be performed by a laboratory that has accreditation pursuant to Article 3 (commencing with section 100825) of Chapter 4 of Part 1 of Division 101 of the Health and Safety Code. (Water Code section 13176(a).) The State Water Board accredits laboratories through its Environmental Laboratory Accreditation Program (ELAP).

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 Area = length x width
Circle Area = diameter x diameter x 0.785
Triangle Area = base x height x 0.5
- Step 6 Multiply the area times the depth
- Step 7 Multiply the volume by 7.85 to convert it to gallons

<p>EXAMPLE:</p>  <p>$V = 100' \times 100' \times .5' \times 7.85$ $= 37,400$ gallons</p>	<p>EXAMPLE:</p>  <p>$V = 100' \times 100' \times .5' \times .785 \times 7.85$ $= 29,359$ gallons</p>
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City of San Diego
Metropolitan Wastewater Department

Wastewater Collection Division
(619) 654-4160

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

 5 gpm	 25 gpm	 50 gpm
 100 gpm	 150 gpm	 200 gpm
 225 gpm	 250 gpm	 275 gpm

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

rev. 4/8

ESTIMATED SSO FLOW OUT OF M/H PICK HOLE

Height of spout above M/H cover "H" in inches	SSO Flow "Q" in gpm
1/8	1.0
1/4	1.4
3/8	1.7
1/2	1.9
5/8	2.2
3/4	2.4
7/8	2.6
1	2.7
1 1/8	2.9
1 1/4	3.1
1 3/8	3.2
1 1/2	3.4
1 5/8	3.5
1 3/4	3.6
1 7/8	3.7
2	3.9
2 1/8	4.0
2 1/4	4.1
2 3/8	4.2
2 1/2	4.3
2 5/8	4.4
2 3/4	4.5
2 7/8	4.6
3	4.7
3 1/8	4.8
3 1/4	4.9
3 3/8	5.0
3 1/2	5.1
3 5/8	5.2
3 3/4	5.3
3 7/8	5.4
4	5.5
4 1/8	5.6
4 1/4	5.6
4 3/8	5.7
4 1/2	5.8
4 5/8	5.9
4 3/4	6.0
4 7/8	6.0
5	6.1

Height of spout above M/H cover "H" in inches	SSO Flow "Q" in gpm
5 1/8	6.2
5 1/4	6.3
5 3/8	6.3
5 1/2	6.4
5 5/8	6.5
5 3/4	6.6
5 7/8	6.6
6	6.7
6 1/8	6.8
6 1/4	6.8
6 3/8	6.9
6 1/2	7.0
6 5/8	7.0
6 3/4	7.1
6 7/8	7.2
7	7.2
7 1/8	7.3
7 1/4	7.4
7 3/8	7.4
7 1/2	7.5
7 5/8	7.6
7 3/4	7.6
7 7/8	7.7
8	7.7
8 1/8	7.8
8 1/4	7.9
8 3/8	7.9
8 1/2	8.0
8 5/8	8.0
8 3/4	8.1
8 7/8	8.1
9	8.2
9 1/8	8.3
9 1/4	8.3
9 3/8	8.4
9 1/2	8.4
9 5/8	8.5
9 3/4	8.5
9 7/8	8.6
10	8.7

← Unrestrained M/H cover will start to lift.

Note: This chart is based on a 7/8 inch diameter pick hole.

BOX A

Immediate Reporting to OES, SJCEH, and RWQCB

Within 2 hours of becoming aware of an SSO that meets 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 where signs, "WARNING – RAW SEWAGE" were posted, or
- Any SSO that causes fish kills, or
- Any SSO that reaches storm drains/ditches or other permanent body of water



The Utilities Line Maintenance Supervisor or Their Designee is to Immediately Report the SSO to the Regional Water Board:

Contact Central Valley Regional Water Quality Control Board at:

- 916.464.4772 (direct line)
- 916.464.3291 (main line)

Governor's Office of Emergency Services (800) 852-7550

San Joaquin County Environmental Health (209) 468-3446

Phone Script for Reporting SSO's to the Central Valley Regional Water Quality Control Board & Governor's Office of Emergency Services (OES)

THE FOLLOWING REPORTING PHONE SCRIPT SHOULD BE USED:

"This is _____ (name) _____ from the City of Tracy. I have a sewage spill report to make. The City of Tracy 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 City of Tracy 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:

1. Your name
2. Name of City (Tracy)
3. Your return phone number
4. The following information about your spill:
 - a. Date and time of occurrence;
 - b. Location (street address, or nearest address and cross streets);
 - c. Volume;
 - d. Rate of flow;
 - e. Duration;
 - f. Surface water bodies impacted;
 - g. Responding agencies if known;
 - h. Cause of spill or overflow;
 - i. Cleanup actions and repairs taken or in process.

**REFER TO THE SEWER OVERFLOW REPORT FORM (ATTACHMENT B8) FOR THE INFORMATION
NECESSARY FOR THIS PHONE REPORT**

FILL OUT ALL STARRED (*) ITEMS AS COMPLETELY AS POSSIBLE

NAME OF PERSON COMPLETING THIS REPORT: _____

DATE: * _____ MAP ATTACHED SHOWING LOCATION * YES NO

INCIDENT STREET ADDRESS/SITE: * _____

CITY _____ COUNTY _____ ZIP CODE _____

CAUSE OF SSO OCCURRED IN: Lateral Main line WEATHER AT TIME OF SSO: Rain Dry

LINE SEGMENT STRUCTURE _____ TO _____

SSO DETAILS*

DATE OF SSO: * _____ TIME REPORTED: * _____ CREW ARRIVAL TIME: * _____

DATE SSO STOPPED: * _____ TIME SSO STOPPED: * _____ SSO DURATION: * _____

SSO RATE (gal/min): * _____ ESTIMATED SSO VOLUME RECOVERED (gal): * _____

ESTIMATED SSO VOLUME (gal): * _____ HOW WAS VOLUME OF SSO CALCULATED? * _____

CLEAN UP METHODS USED: * _____

AMOUNT FLUSHED (gal): * _____ AMOUNT FLUSH WATER RECOVERED (gal): * _____

FINAL SSO DESTINATION: * _____

RECEIVING WATERS AFFECTED: * Yes No EVIDENCE OF FISH KILL: * Yes No

VISUAL OBSERVATIONS: * _____

ESTIMATED VOLUME DISCHARGED TO RECEIVING WATERS (gal): * _____

LOCATION: * _____

SIGN POSTED: Yes No AREA BARRICADED/CLOSED: Yes No

IF YES, DATE & TIME: _____ DESCRIBE: _____

NEIGHBORS NOTIFIED: Yes No _____

PICTURES/VIDEO TAKEN: Yes No DESCRIBE: _____

SAMPLE(S) COLLECTED: * Yes No BY WHO? * _____ WHEN? * _____

SAMPLE LOCATION(S): _____ FT UPSTREAM _____ FT DOWNSTREAM AT DISCHARGE POINT

CONDITIONS THAT MAY INFLUENCE SAMPLE RESULTS: Storm Drain Discharges Stream Discharges

Runoff Containing Animal Waste Other: _____

SAMPLE(S) RESULTS: Fecal Coliform: _____ DO: _____ Ammonia/Nitrogen: _____

SUSPECTED CAUSED OF SSO: * BLOCKAGE INFRASTRUCTURE FAILURE

DESCRIBE SOURCE & CAUSE OF SSO: _____

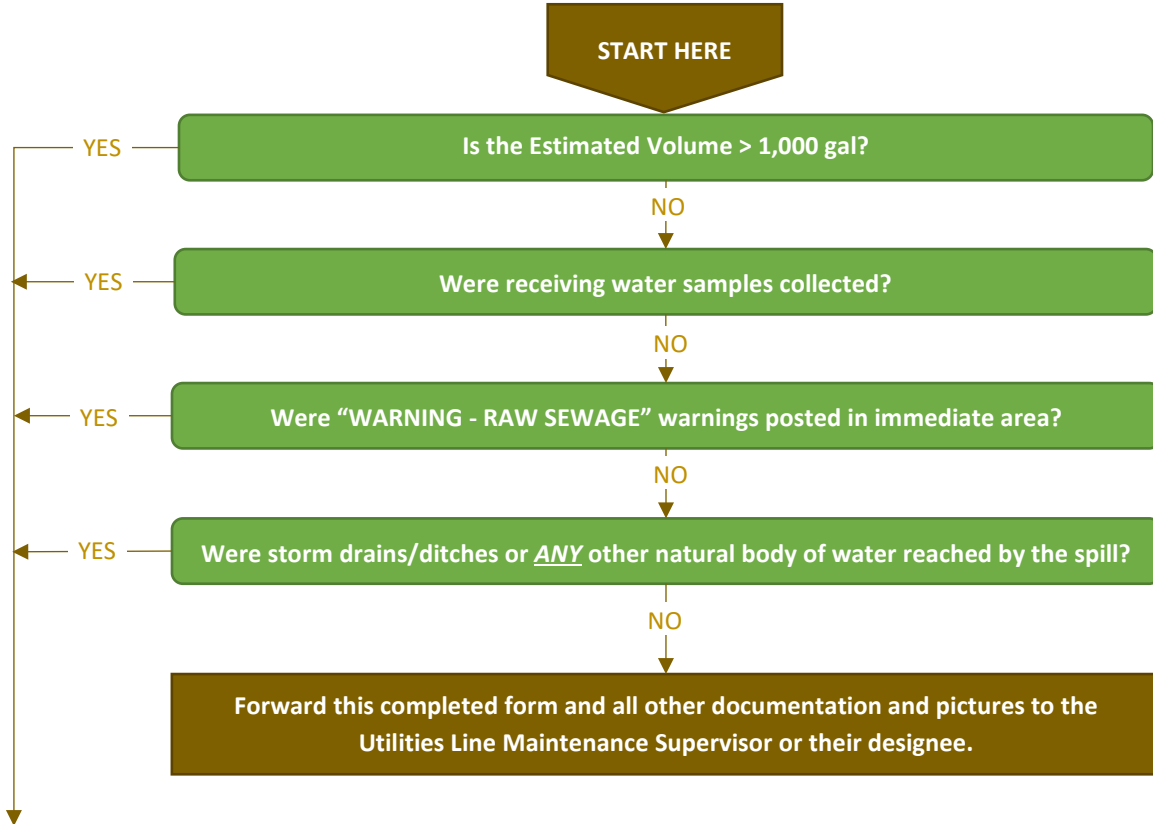
RECOMMENDED FOLLOW-UP ACTIONS TO PREVENT FUTURE OCCURRANCES*

CURRENT PM FREQUENCY: _____ DATE OF LAST PM: _____

RECOMMENDED ACTIONS: TV RE-RUN CHANGE CLEANING SCHEDULE

REPAIR LINE SEGMENT REPLACE LINE SEGMENT

NOTIFICATIONS* - COMPLETE ALL REQUIRED NOTIFICATIONS



IMMEDIATELY contact the Utilities Line Maintenance Supervisor or their designee and request they make the following notifications regarding this SSO:

If spill is greater than 1,000 gal and/or will impact receiving water and/or storm drains:	
OFFICE OF EMERGENCY SERVICES (800-852-7550):	DATE & TIME:
PERSON CONTACTING:	SPOKE TO:
CONTROL NUMBER:	
If spill is greater than 1,000 gal and/or will impact receiving waters and/or storm drains:	
REGIONAL WATER QUALITY CONTROL BOARD (916-464-4772 (direct line) or 916-464-3291 (main line))	DATE & TIME:
<i>Provide Control Number to RWQB Staff</i>	
PERSON CONTACTING:	SPOKE TO:
If spill is greater than 1,000 gal and/or will impact receiving waters and/or there is evidence of a fish kill:	
CA DEPT OF FISH & GAME SPILL PREVENTION & RESPONSE (Phone: 916-445-9338):	DATE & TIME:
PERSON CONTACTING:	SPOKE TO:
If spill impacted public areas, warning signs were posted and/or human contact occurred:	
SAN JOAQUIN COUNTY DEPT OF ENVIRONMENTAL HEALTH (Phone: 209-468-3446):	DATE & TIME:
PERSON CONTACTING:	SPOKE TO:
SERVICE CALL CUSTOMER NOTIFIED RE: STATUS: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY:	

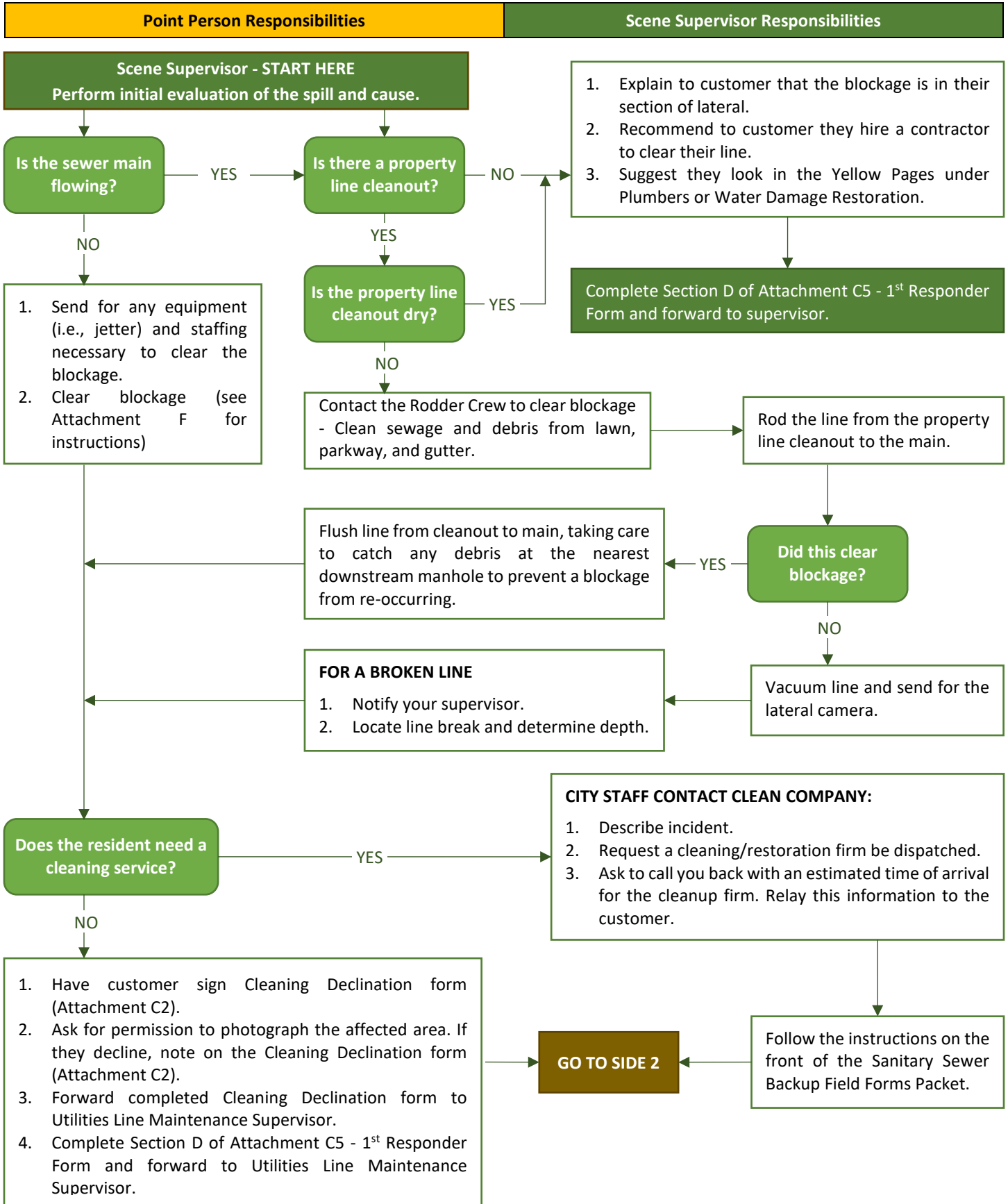
In order to properly gather and distribute all the necessary information at the scene of a sanitary sewer overflow (SSO), it is recommended the SSO Field Forms Packets be created and placed in all field vehicles that may be used to respond to an SSO. The following instructions will guide you through the assembly of the SSO Field Forms Packet using the form contained in Attachment B – Sanitary Sewer Overflows.

STEP	ACTION
1	Determine how many packets you wish to assemble.
2	Obtain the same number of Tyvek (water & tear resistant) envelopes.
3	Place 1 copy of each of the following in each Tyvek envelope. <input type="checkbox"/> Attachment B8 – Sanitary Sewer Overflow Report Form <input type="checkbox"/> Attachment B1 – Responding to a Sanitary Sewer Mainline Overflow <input type="checkbox"/> Attachment B1 Side 2 - Responding to a Sanitary Sewer Mainline Overflow
4	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)
5	Place at least 1 complete SSO Field Forms Packet in each field vehicle that may be used to respond to an SSO.

READ ME FIRST

1 st	Remove the form marked Attachment C1 from this packet and follow the instructions. ➔ Reference the City of Tracy Sanitary Sewer Overflow and Backup Response Plan field binder, as necessary.
2 nd	Complete the Sanitary Sewer Overflow Report
3 rd	PLACE THE FOLLOWING IN THIS ENVELOPE AND FORWARD TO YOUR SUPERVISOR <ul style="list-style-type: none"><input type="checkbox"/> Completed Sanitary Sewer Overflow Report<input type="checkbox"/> Any other documentation you may have made<input type="checkbox"/> Documentation of any notifications you made<input type="checkbox"/> All photos (place digital or disposable camera in this envelope)

TOPIC	ATTACHMENT
Responding to Sanitary Sewer Backup	C1
Release of Liability – Customer Declination of Cleaning Services	C2
Customer Information Letter	C3
Affected Property Log	C4
First Responder Form	C5
Hotel Selection Form	C6
Building History Form	C7
Lateral TV Report	C8
Claims Submittal Checklist	C9
Sewer Backup Field Forms Packet Assembly Instructions	C10

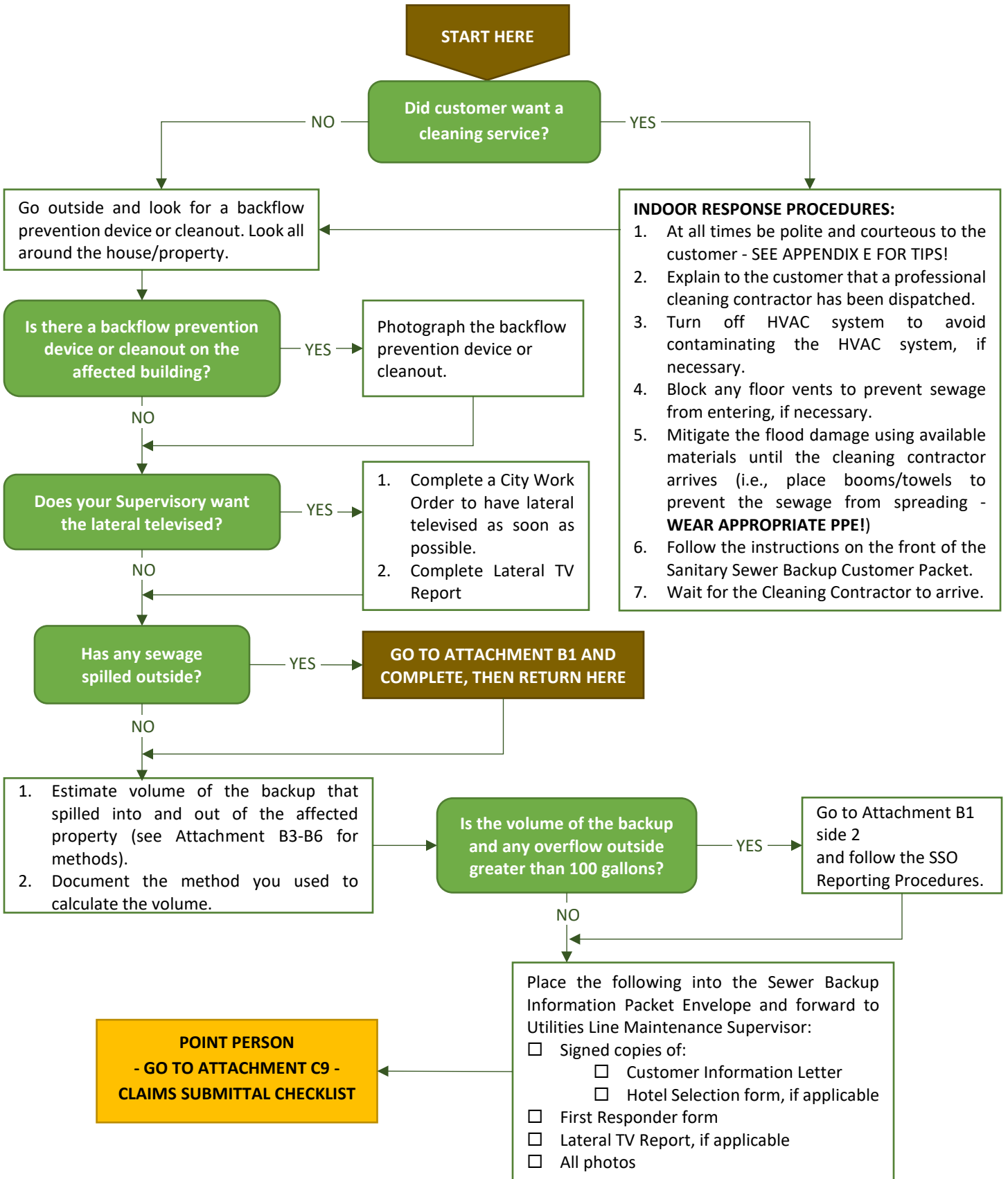


CITY STAFF CONTACT CLEAN COMPANY:

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

Follow the instructions on the front of the Sanitary Sewer Backup Field Forms Packet.

GO TO SIDE 2



Customer Name: _____

Customer Address: _____

Customer Phone: _____

On (date) _____ at (time) _____ approximately _____ gallons of (check one)

- Sewage Grey Water Toilet Bowl Water 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 Taken Were Not Taken. Number of Photos: _____

The suspected cause of the overflow: _____

This Form Completed By: _____ Date & Time: _____

CUSTOMER – PLEASE READ AND SIGN BELOW:

I/We acknowledge that the City of Tracy 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 City of Tracy assistance and that the City of Tracy will not accept responsibility for work performed by persons other than those engaged by the City of Tracy. City of Tracy 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: _____

Address: _____

Dear Mr./Mrs. _____ DATE: _____

We recognize sewer back flow incidents can be stressful and require immediate response when all facts regarding how the 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, the City of Tracy is investigating the cause of the incident.

If the City of Tracy 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 cleaning contractor provided by the City of Tracy has been selected because of their adherence to established protocols that are designed to assure all parties thorough, cost-effective, and expeditious restoration services.

The company assigned to provide the necessary cleaning and restoration is EV-Link and you can reach them directly at 800.413.2999.

The City of Tracy Risk Manager will be handling your claim. If you have any questions, please call 209.831.4150.

What you need to do now:

The City of Tracy has prepared this brief set of instructions to help you minimize the impact of the loss by responding promptly to the situation.

- ✓ Do not attempt to clean the area yourself, let the experts handle this.
- ✓ Keep people and pets away from the affected area(s).
- ✓ Do not remove contaminated items from the area – the experts will handle these contents.
- ✓ If you had recent plumbing work, contact your plumber or contractor
- ✓ File your claim with the City of Tracy soon as practical –The California Government Code, Sections 900 - 960, requires filing a written claim and outlines specific timelines and notice procedures that must be used.

I/We acknowledge receipt of this letter.

Employee Signature: _____ Date: _____

Customer Signature: _____ Date: _____

INSTRUCTIONS: Please fill this form out as completely as possible and provide to:
 City of Tracy Dept. of Human Resources/Risk Management at 324 East 11th Street, Tracy, CA 95376.

QUANTITY	DESCRIPTION OF EACH ITEM	WHERE PURCHASED		AGE	COST	REPLACEMENT VALUE
		STORE	CITY			

NAME: _____ DATE: _____

SIGNATURE: _____

INSTRUCTIONS: City Staff to complete & forward to Utilities Line Maintenance Supervisor

TIME STAFF ARRIVED ON-SITE: _____

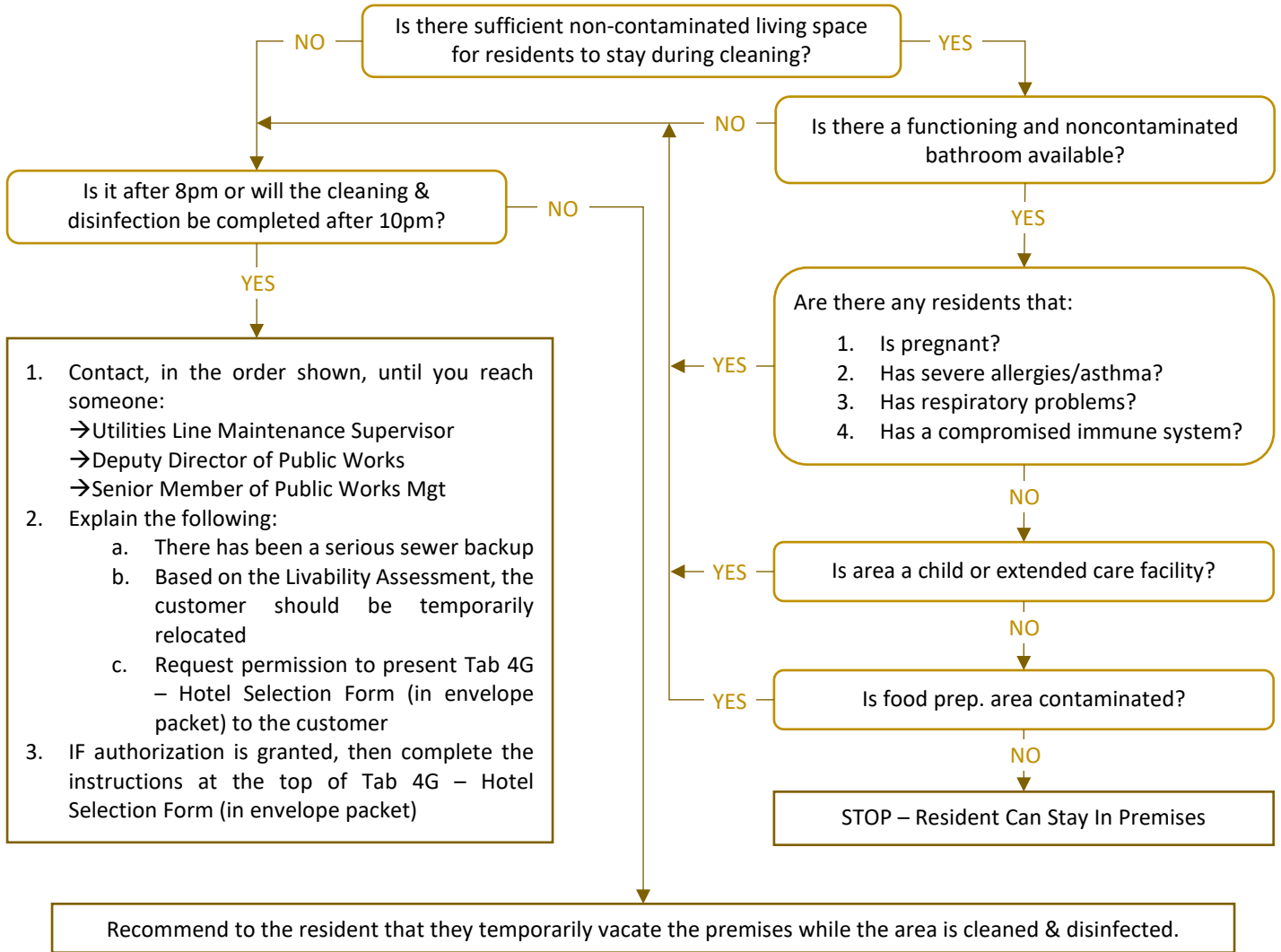
DID CUSTOMER CALL CLEANING CONTRACTOR? Yes No

IF YES, WHO & WHEN? _____

SECTION A	
DATE:	TIME: EMPLOYEE NAME:
IS THIS A BUSINESS OR A RESIDENCE: <input type="checkbox"/> BUSINESS → TYPE: _____ <input type="checkbox"/> RESIDENCE	
CUSTOMER SPOKEN TO:	PROPERTY MANAGERS/OWNERS:
STREET ADDRESS:	STREET ADDRESS:
CITY, STATE AND ZIP:	CITY, STATE AND ZIP:
PHONE:	PHONE:
CAUSE OF FLOODING:	
LOCATION OF SEWER: <input type="checkbox"/> STREET <input type="checkbox"/> EASEMENT <input type="checkbox"/> STRUCTURE# _____ (U/S) TO _____ (D/S)	
DAMAGE: <input type="checkbox"/> BLACK WATER (sewage) <input type="checkbox"/> GREY WATER (washing machine) <input type="checkbox"/> FRESH WATER	
IS NEAREST MANHOLE VISIBLY HIGHER THAN THE DRAIN THAT OVERFLOWED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
# OF PEOPLE LIVING/WORKING AT BLDG:	
COMMENTS:	
SECTION B GE ASSESSMENT	
Approximate age of bldg: _____ # of Bathrooms: _____ # of Rooms Affected: _____	
Approximate amount of overflow: _____ gallons Approximate time sewage has been sitting: _____ hrs/days	
Numbers of pictures taken: _____	Digital or Film? _____
Does the Customer have a Backflow Prevention Device (BPD)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, was the BPD operational at the time of the overflow? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Have there ever been any previous overflows at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Type of flooring in the room(s) affected:	
<input type="checkbox"/> Tile	Condition of Tile and Seams (cracking, visible open spaces, etc):
<input type="checkbox"/> Carpet <input type="checkbox"/> Wood	Condition of Flooring and Joints (cracking, visible open spaces, etc):
<input type="checkbox"/> Other	Please Identify:
Has the Customer had any plumbing work done recently or has the area been remodeled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
Are there baseboards? <input type="checkbox"/> No <input type="checkbox"/> Yes Baseboard Material: _____	
Condition of Baseboards:	
<input type="checkbox"/> Baseboard bottom has tight seal with floor	<input type="checkbox"/> Baseboard top has tight seal with wall
<input type="checkbox"/> Baseboard has space between bottom and floor	<input type="checkbox"/> Baseboard has space between baseboard & wall

SECTION C

LIVABILITY ASSESSMENT



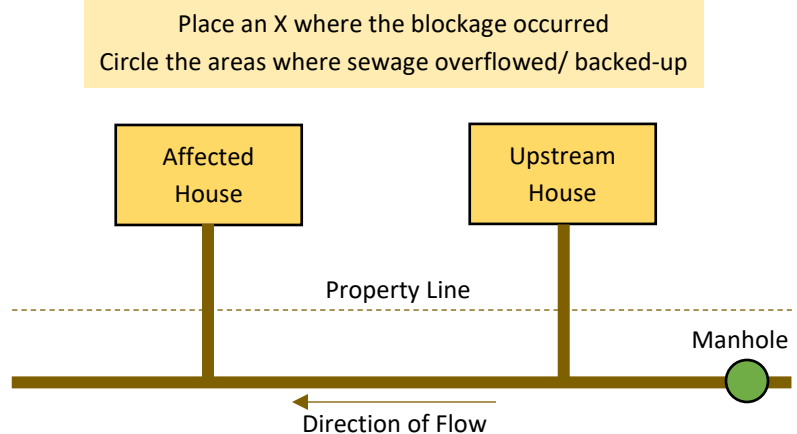
SECTION D

SANITARY SEWER LINE BLOCKAGE LOCATION

PLEASE CHECK THE BOX THAT DESCRIBES YOUR OBSERVATIONS

Customer Cleanout Was:	City Cleanout Was		
	Non-Existent	Full	Empty
Non-Existent			
Full			
Empty			

NOTES:



SECTION E

CLEANING CONTRACTOR

Company Name: _____ Phone: _____ Arrival Time: _____
 Comments: _____

INSTRUCTIONS TO EMPLOYEE:

1. Explain to the customer that the City of Tracy has authorized 1 night emergency lodging. Explain to the customer that this emergency authorization is for LODGING ONLY – NO FOOD, MINIBAR, MOVIE, PHONE or Other Charges).
2. Request the customer to select, in their order of preference, from the hotels listed below.
3. Explain to resident that additional nights and other incidentals will be addressed by the City of Tracy Risk Manager or Insurance Provider.
4. Contact the City of Tracy management official that authorized use of this form to arrange for 1 nights’ lodging at the hotel selected below.

INSTRUCTIONS TO RESIDENT:

It is recommended that you temporarily relocate to one of the hotels listed below for your safety and convenience while your home is being cleaned. Please note that this Emergency Authorization is granted under the following terms and conditions:

1. This authorizes payment of 1 (one) nights stay at one of the hotels listed below.
2. This authorization is good for room and tax only – no phone, food, min-bar, movie or other charges.
3. Additional nights and other allowances/incidentals may be discussed by contacting the City of Tracy insurance provider at 1.800.559.9891 ext. 10.

I/We have read and understood the terms and conditions under which this offer of temporary relocation is offered. Further, we agree to abide by the terms and conditions described herein.

Employee Signature: _____ Date: _____

Customer Signature: _____ Date: _____

Extended Stay America

2526 Pavilion Pkwy
209.832.4700



Hampton Inn

2400 Naglee Rd
209.833.0483



Tracy Fairfield Inn

2410 Naglee Rd
209.833.0135



MARK IN ORDER OF PREFERENCE

Distribution Instructions – Top Copy To City of Tracy; Middle Copy To TPA; Bottom Copy To Customer

PLEASE COMPLETE AS THOROUGHLY AS POSSIBLE	
PERSON COMPLETING THIS FORM: PHONE:	DATE:
RESIDENT NAME:	# OF RESIDENTS AT THIS ADDRESS: APPROXIMATE AGES:
DATE OF OVERFLOW:	APPROXIMATE GALLONS SPILLED:
WERE RESIDENTS RELOCATED TO A HOTEL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where:	
IS RESIDENT THE OWNER? <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO", provide following for property owner: STREET ADDRESS: CITY, STATE AND ZIP: PHONE:	AFFECTED PROPERTY STREET ADDRESS: CITY, STATE AND ZIP: PHONE:
NAME OF EMPLOYEE(S) RESPONDING TO SPILL: NAME OF CLEANING CONTRACTOR:	YEAR HOME BUILT: # OF BATHROOMS: # OF ROOMS AFFECTED: APPROXIMATE TIME SEWAGE WAS SITTING:
WAS PROPERTY ELEVATION DETERMINED? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please include copy of Building Elevation Determination form IS PROPERTY BELOW NEAREST UPSTREAM MANHOLE? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, By How Much (approx): _____ WAS A BPD INSTALLED ON PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No WAS BPD FUNCTIONING? <input type="checkbox"/> Yes <input type="checkbox"/> No WAS LATERAL TV'd? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please include copy of Lateral TV report WHICH SECTION OF THE SEWER USE ORDINANCE APPLIES TO THIS INCIDENT (please enclose a copy)?	ANY PLUMBING PERMITS W/IN LAST 3 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", please describe: ANY ACTIVE PLUMBING PROJECTS OBSERVED: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please describe: WHEN WAS THIS LINE SEGMENT LAST CLEANED? REPAIRED (date & describe repairs):
SUSPECTED CAUSE OF OVERFLOW:	HAVE THERE EVER BEEN ANY OTHER SPILLS AT THIS LOCATION? If so, when?

PLEASE COMPLETE AS THOROUGHLY AS POSSIBLE	
PERSON COMPLETING THIS FORM: PHONE:	DATE:
CAMERA TYPE:	LOCATION OF CAMERA ENTRY:
AFFECTED PROPERTY STREET ADDRESS:	LOCATION OF CAMERA STOP:
CITY, STATE AND ZIP:	DESCRIBE AREA TV'd:
PHONE	UPSTREAM MANHOLE LOCATION:
PLEASE CHECK ALL THAT WERE DISCOVERED – Describe Extent & Location Using Camera Entry Point As Reference:	TIME OF OVERFLOW:
<input type="checkbox"/> Broken Lateral – Describe:	TIME BLOCKAGE RELIEVED:
<input type="checkbox"/> Roots – Describe:	TIME LATERAL TV'd:
<input type="checkbox"/> Grease – Describe:	NOTES/COMMENTS:
<input type="checkbox"/> Sag – Describe:	
<input type="checkbox"/> Backflow Prevention Device (BPD) – Describe:	
<input type="checkbox"/> Cleanout – Describe:	
<input type="checkbox"/> Joint/Junction – Describe:	
<input type="checkbox"/> Grade – Describe:	
<input type="checkbox"/> Grit – Describe:	
<input type="checkbox"/> Other – Describe	
SIGNATURE OF EMPLOYEE PERFORMING TV WORK:	DATE

Utilities Line Maintenance Supervisor
 Complete the Building History form (Attachment C6)



Utilities Line Maintenance Supervisor	
PERSON COMPILING THIS INFORMATION:	
PHONE:	DATE:
PLEASE ASSEMBLE THE ITEMS LISTED BELOW AND SEND AS SOON AS POSSIBLE TO THE CITY OF TRACY RISK MANAGER OR THEIR DESIGNEE.	
<input type="checkbox"/> Attachment C2 - Cleaning Declination, Signed Original (If applicable - i.e., customer refused cleaning services)	
<input type="checkbox"/> Attachment C3 - Customer Information Letter, Signed Original	
<input type="checkbox"/> Attachment C5 - First Responder Form	
<input type="checkbox"/> Attachment C6 - Hotel Selection Form, Signed Original (If applicable - i.e., customer was relocated)	
<input type="checkbox"/> Attachment C7 - Building History Form	
<input type="checkbox"/> Attachment C8 - Lateral TV Report (If applicable)	
<input type="checkbox"/> All Photos Taken (hardcopy or electronic)	
<input type="checkbox"/> BPD/Sewer Use Ordinance Governing Affected Property	
<input type="checkbox"/> Any other information you feel is important in this claim	

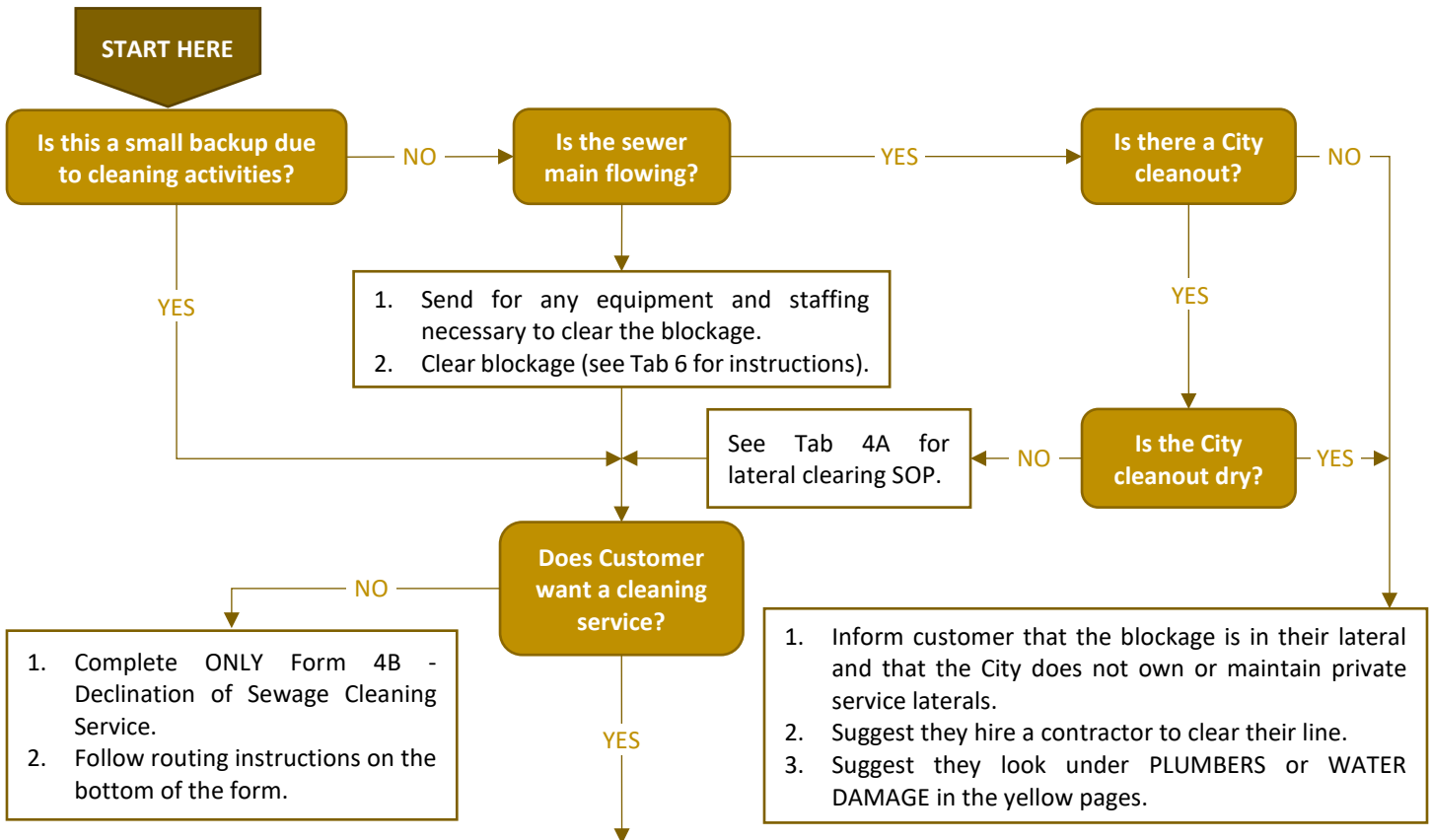


CITY OF TRACY RISK MANAGER OR DESIGNEE
<ol style="list-style-type: none"> 1. Verify claims packet is complete. 2. Notify AIMS of incoming claim: Liability Claim Manager 1.800.559.9891 ext. 10

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 Attachment C – Sewer Backups.

STEP	ACTION
1	Determine how many packets you wish to assemble.
2	Obtain the same number of Tyvek (water & tear resistant) envelopes.
3	Place 1 copy of each of the following in each Tyvek envelope. <ul style="list-style-type: none"> <input type="checkbox"/> Attachment C2 - Cleaning Declination NOTE THIS IS A 3-COPY NCR FORM <input type="checkbox"/> Attachment C3 - Customer Information Letter NOTE THIS IS A 3-COPY NCR FORM <input type="checkbox"/> Attachment C4 - Affected Personal Property Inventory Log <input type="checkbox"/> Attachment C5 - First Responder Form <input type="checkbox"/> Attachment C6 - Hotel Selection Form NOTE THIS IS A 3-COPY NCR FORM <input type="checkbox"/> Attachment C7 - Building History Form <input type="checkbox"/> Attachment C8 - Lateral TV Report (If applicable) <input type="checkbox"/> Attachment C9 - Claims Submittal Checklist
4	Tape or otherwise secure to the front of each envelope a copy of the Field Forms Packet Instructions (Master is located behind this page)
5	Place at least 1 complete Field Forms Packet in each field vehicle that may be used to respond to a sewer backup.

READ ME FIRST



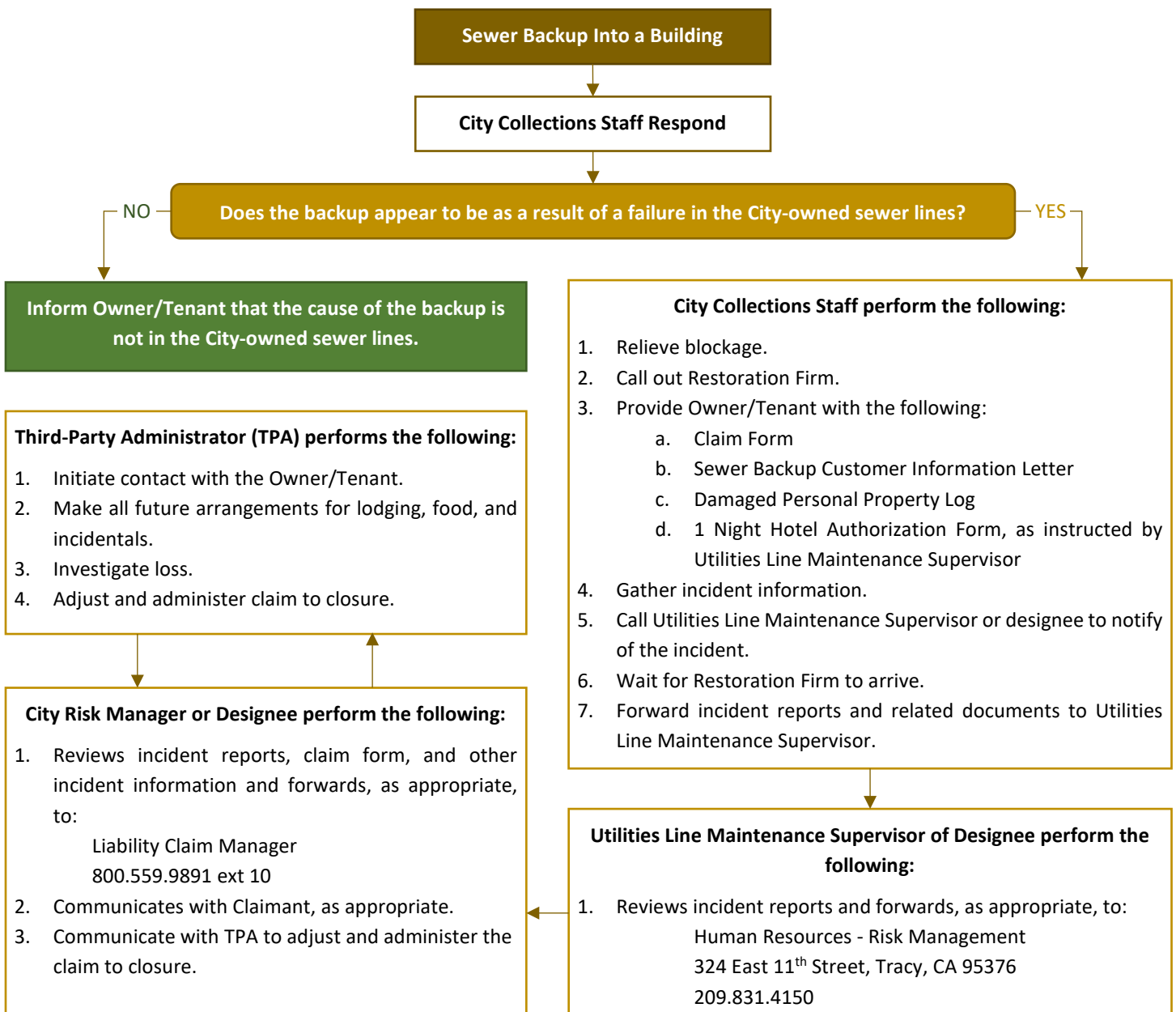
THIS PACKET CONTAINS ALL THE FORMS YOU MUST COMPLETE/PROVIDE

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 and give them the bottom copy.
 - 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** City of Tracy Management, as indicated on the Livability Assessment (side 2 of the **FIRST RESPONDER FORM (Form 4E)**).
4. Take pictures of **ALL** affected areas - collect photos from several angles, if possible.
5. Look for a backflow prevention device on the building service lateral and photograph. If you can't locate one, call your supervisor to determine if they want the lateral televised - if they do, **COMPLETE** the **LATERAL TV REPORT (Form 4H)**.
6. **PLACE THE FOLLOWING IN THIS ENVELOPE AND FORWARD TO YOUR SUPERVISOR**
 - Signed copies of:
 - Customer Information Letter
 - Hotel Selection form, if applicable
 - First Responder Form
 - Lateral TV Report, if applicable
 - All photos (place digital or disposable camera in this envelope)

SEWER BACKUP CLAIMS HANDLING POLICY

It is the Policy of the City of Tracy 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. City staff will offer a City claim form to anyone experiencing a sewer backup resulting from an apparent blockage in the City owned sewer lines. The claim may later be rejected if subsequent investigations into the cause of the loss indicates the City was not at fault.
2. It is the responsibility of City staff to gather information regarding the incident and notify the City Risk Manager or their designee.
3. It is the responsibility of the claimant to file a claim with the City Risk Manager or their designee in a timely manner. A claimant has six months for death, personal injury or personal property damage and one year for other losses from the date of occurrence to file a claim. If a claim is filed late, City may return the claim with a notice of late claim.
4. It is the responsibility of the City Risk Manager or their designee to review all claims and to oversee the adjustment and administration of the claim to closure.



CUSTOMER RELATIONS

It is important for employees to communicate effectively with City of Tracy 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 City of Tracy, 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 Communications 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 City of Tracy 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 what 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.
8. Before you leave, make sure the homeowner has the name and telephone number of someone from the City of Tracy to call if he/she has questions and wants information.

FOLLOW ALL REQUIRED SAFETY PROCEDURES!

- Ensure All Employees Are Appropriately 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. Use a sand trap or appropriate tool (i.e. fork or clamshell).
- 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 and the downstream manholes to verify debris did not slip by.
- 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!

In the Event a Customer Needs to be Relocated Due to a Sewer Backup:		
Name	Primary Phone	Secondary Phone
Utilities Line Maintenance Superintendent	209.814.5243	209.831.6300
Assistant Director of Operations	209.666.5673	209.831.6300
Assistant Director of Utilities	209.605.3521	209.831.6320
In the Event of an SSO That Requires Receiving Water Sampling:		
Name	Primary Phone	Secondary Phone
Utilities Line Maintenance Superintendent	209.814.5243	209.831.6300
Utilities Laboratory Superintendent	626.200.6951	209.831.6325
Emergency Contractors/Equipment Rental Vendors:		
Name	Phone	
Granite Construction	209.234.3585	
Teichert Aggregates	209.834.8300	
Tracy Paving and Grading	209.839.6590	
United Rentals	209.948.9500	
Emergency Restoration Company	800.687.0054	
Request Receiving Water Samples to be Collected		
Name	Phone	
Environmental Compliance Analyst	209.831.6330	
Environmental Compliance Technician	209.831.6374	
Utilities Laboratory Superintendent	626.200.6951	
Wastewater Operations Superintendent	209.831.6328	
Assistant Director of Utilities	209.605.3521	

Annual Review of Spill Emergency Response Plan			
Date	Reviewer's Name	Level of Effectiveness (Check one)	Comments
		<input type="checkbox"/> Not Effective <input type="checkbox"/> Somewhat Effective <input type="checkbox"/> Effective <input type="checkbox"/> Very Effective	
		<input type="checkbox"/> Not Effective <input type="checkbox"/> Somewhat Effective <input type="checkbox"/> Effective <input type="checkbox"/> Very Effective	
		<input type="checkbox"/> Not Effective <input type="checkbox"/> Somewhat Effective <input type="checkbox"/> Effective <input type="checkbox"/> Very Effective	
		<input type="checkbox"/> Not Effective <input type="checkbox"/> Somewhat Effective <input type="checkbox"/> Effective <input type="checkbox"/> Very Effective	
		<input type="checkbox"/> Not Effective <input type="checkbox"/> Somewhat Effective <input type="checkbox"/> Effective <input type="checkbox"/> Very Effective	
		<input type="checkbox"/> Not Effective <input type="checkbox"/> Somewhat Effective <input type="checkbox"/> Effective <input type="checkbox"/> Very Effective	
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		<input type="checkbox"/> Not Effective <input type="checkbox"/> Somewhat Effective <input type="checkbox"/> Effective <input type="checkbox"/> Very Effective	
		<input type="checkbox"/> Not Effective <input type="checkbox"/> Somewhat Effective <input type="checkbox"/> Effective <input type="checkbox"/> Very Effective	
		<input type="checkbox"/> Not Effective <input type="checkbox"/> Somewhat Effective <input type="checkbox"/> Effective <input type="checkbox"/> Very Effective	
		<input type="checkbox"/> Not Effective <input type="checkbox"/> Somewhat Effective <input type="checkbox"/> Effective <input type="checkbox"/> Very Effective	