

WBSD CALL-OUT REPORT Appendix B1 Weather: Day of the Week: S-M-T-W-TH-F-S

Take Picture(s)

1. Name of caller: _____ Phone Number: _____

2. Address : _____ Cross Street: _____

3. Called out by : _____ at : _____ a.m. / p.m. Date: _____
 _____ a.m./p.m. Date: _____

Source Control called out at: _____ a.m. / p.m. Date: _____

Arrival Time at site

4. Reported as: private c/o overflowing Overflowing manhole Back up in home 4A. Is there a mainline stoppage: YES NO

5. Estimated GPM: _____ Flow Height in Inches: _____

6. Were you able to retrieve the entire overflow? Yes No

7. Was the overflow returned to sanitary sewer? Yes No Partial N/A

8. Overflow saturated into soil? Yes (Est'd Volume _____) No N/A If yes to 6, 7 or 8 above did we clean up affected area? Yes No N/A

9. Overflow to: _____ Est. volume of SSO: _____

Direct Inlet Est. volume Recovered: _____

Section of Storm Drain line Est. volume Not Recovered: _____

Drainage Ditch Lined Unlined

Channel Lined Unlined

Paved Surface Curb Gutter

Ultimate Destination _____ Est'd Volume: _____

Line cleared at: _____ a.m. / p.m. Duration of overflow: _____

Blockage caused by ___ Op(s). Performed 10. Is the overflow contained YES NO If yes, How & Where, _____

Clean up methods used: Vacuum/pump Hosed down & street swept Enzymes

11. Mainline: u/s _____ to d/s _____

Overflowing manhole ID # _____ at _____

Method(s) used to estimate SSO Volume: San Diego Method Surface Area

SFR's U/S of Blockage SSCSC Method Soil Saturation _____

12. Staff	Unit	Time Called	T/A	Time Completed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reported by: _____ Date: _____

 (Print Name)

13. Affected Agency: Town of Atherton Town of Portola Valley
 Menlo Park East Palo Alto Unincorporated San Mateo County
 Unincorporated Santa Clara County

GBA# _____ Res. Com. Event I.D. # _____ Cert. # _____ Time: _____

Category: 1 (Surface Water Impact-Drainage Channel- MS4 not recovered) Implement Sampling Protocol

Category: 2 (>1K gallons, fully recovered) Category: 3 (<1K gallons fully recovered) Method used to determine start time of SSO? Reported time: _____

Interview with Customer Complete Form C4-Start Time Determination

Estimated Cost incurred: \$ _____

MD-506 (Rev.08/03/17)

Emergency Contact Phone List
FOR WBSD EMPLOYEES REFER TO PHONE LIST

<u>Time</u>	<u>Contact</u>	<u>Business #</u>	<u>Fax #</u>	<u>Pager-Cell</u>	<u>Home #</u>
1)	Jed Beyer	650-321-0384	650-321-4265	650-477-6428	
2)	Rupert Sandoval " "			650-477-6427	
3)	Heath Cortez " "			650-477-6386	
4)	Bob Scheidt " "			650-477-6416	
5)	Sergio Ramirez " "			650-477-9885	
6)	Albert Patino	"	"	650-477-6426	
7)	Phil Scott	"	"	650-477-6470	

Category-1 Reporting Requirements Within 2-HOURS:

_____ Cal-OES, (Name) 1-800-852-7550
 _____ Cal-OES Control # _____

Affected _____ **Town or City:** _____ **Representative Name:** _____

_____ Town of Atherton 650-752-0532

Howard _____ Young, Town of Portola Valley 650-851-1700

City of _____ Menlo Park Engineering 650-330-6740

Submit Draft Report to CIWQS within 3 Business days of SSO for Category 1 & 2 SSO Events, Certify report within 15 days of SSO end date.

For spills greater than 50,000 gallons, implement Sampling Protocol, Start SSO technical Report. Refer to Reference R1 page 5 located in OERP at Appendix A8. Update Cal-OES if the spill estimate and known impacts have substantially changed.

Category 3 spills certify report within 30 calendar days of the end of the month in which SSO occurred

Residential Back Ups & Claims

_____ Carl Warren & Co. (Alan Dialon) M725-502-6701 Emergency 855-763-5898

_____ RMC 1-800-400-5058 PM-Rich 1-510-856-7137

_____ Outside Agency Contact

_____ June Wong, Public Health Lab. Ofc.650-573-2500 Cell 650-339-2322

_____ Menlo Park Police Dept. 650-330-6300

Menlo _____ Park Code Enforcement 650-330-6377 PGR 650-496-8562

Phelepe _____ Cohen, Searsville Lake 650-851-6814 C 650-274-3782

_____ SM Haz-Mat 911

_____ MP Public Works (Call MPPD Dispatch) 650-330-6317 _____

_____ Greg Smith, SMCEHD W650-599-1679 C650-867-9434

_____ Attach Completed Post Spill Assessment Form & Documents

_____ Reports to O/S Agencies Picture(s) Taken Public Notification ___ On-going investigation

_____ SSO Technical Report Completed on _____

_____ Signs Posted, Locations: _____

_____ Sampling Protocol Implemented: _____

Comments: _____

**ALL WORK ORDERS, REPORTS, PICTURES & FIELD NOTES MUST BE STORED ELECTRONICALLY AND
FIELD IN THE SITE SPECIFIC SSO FOLDER**

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