Transboundary Spill NPDES CA0108928 Order No. R9-2014-0009, Amended by R9-2014-0094

Type ____A __x___ B **(CAL OES 1-800-852-7550)**

Name of Person Reporting Spill__ Steven Smullen_____

Telephone No. of Person Reporting_____619-662-7601 _____

Spill Location/Name_____Tijuana River at the International Border_____

GPS Coordinates_32.32.30 N, 117.2.18 W_____

Spill Reached: ____**Drainage Channel** ___**Drainage Structure** __x__**Surface Water**

Spill Reached: ____**MS4** **MS4 Owner**_____

Vol Spill to MS4_____**Vol Recovered from MS4**_____

Estimate Spill Volume from All Sources__Est 143_million gallons (MG)_____

Volume That Reached: Surface Water, Drainage Channel, Not Recovered from MS4__Est 143_MG___

Total Recovered Volume_____0_____

Number of Spill Appearance Points ___1_____

Appearance Descriptions_____Strong raw sewage odor, cloudy, grey water_____

Spill Flow: Start Date Est 2/6/17___**Start Time** __unk_____

Notification: Date ____2/23/16_____ **Time** ___1100_____

Operator Arrival: Date __unk_____ **Time** __unk_____

Spill Flow: End Date ___Est 2/23/16____**End Time**___unk_____

Cleanup Completed: Date __N/A_____ **Time**_____

Probable Cause of Spill __Rehabilitation of major sewer collector near confluence of Rio Alamar and Rio Tijuana, central Tijuana, wastewater bypassed to Rio Tijuana__

Notification of CAL OES Date___2/24/16_____ **Time** __1500_____

CAL OES Control Number __17- 1682_____Jennifer Gordon_____

Description of Spill Flow Destination ___Tijuana River Channel _____

Spill Flow Cause _____Rehab of collector and bypass_____

Spill Flow Failure Point Main collector, central Tijuana near confluence of Rios Alamar and Tijuana___

Spill Flow Storm Event ___N/A____

Spill Corrective Actions_____

Spill Flow Response Actions _____None_____

Spill Flow Completion Date_____

Investigation _____N/A____ **Reasons** _____ **Completion Date**_____

Health Warnings Posted _____ Yes ___x____No

Name of Beaches Impacted: _____None____**Surface Water Impacted:** ____Tijuana River _____

Location and No. Of Samples Collected (Type A) _____N/A_____ **Number**_____

Parameters Tested_____N/A_____

Regulatory Agencies Receiving Results _____N/A_____

Methodology for Spill Volume Estimate _based on estimated average daily flow of 300 lps_____

Amount of Spill Recovered _____None_____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Certifying Official _Steven Smullen_____ **Title** Area Operations Manager___ **Date** ___2/24/17_____

Signature _____(b) (6) [redacted]_____

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