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 Boundary_____

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___0.143 million gallons (MG)_____

Volume That Reached: Surface Water, Drainage Channel, Not Recovered from MS4___0.143 MG___

Total Recovered Volume_____0_____

Number of Spill Appearance Points ___1_____

Appearance Descriptions_____Slightly cloudy water _____

Spill Flow: Start Date 04/24/17___**Start Time** __1215_____

Notification: Date ____04/24/17_____ **Time** ___1220____

Operator Arrival: Date __04/24/17_____ **Time** __1230_____

Spill Flow: End Date ___04/24/17____**End Time**___1235_____

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

Probable Cause of Spill _____Power failure at CILA PS_____

Notification of CAL OES Date___04/25/17_____ **Time** __0900_____

CAL OES Control Number __ 17-3026 Blake Tyson_____

Description of Spill Flow Destination ____Tijuana River Channel _____

Spill Flow Cause _____Power failure at PS CILA_____

Spill Flow Failure Point CILA Pump Station___

Spill Flow Storm Event ___N/A____

Spill Corrective Actions_____Power restored at 1235 04/24/17_____

Spill Flow Response Actions _____None_____

Spill Flow Completion Date___04/24/17_____

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 _____Calculated from 15 min gage data USIBWC gage_____

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** __4/25/17_____

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

Not for Public Distribution

Spill Apr 24, 2017
Tijuana River

Date	Time	Gage Height (m)	Flow (CMS)	Flow (MG)
4/24/2017	12:45	11.958	0	0.00000
4/24/2017	12:30	11.977	0.25	0.05944
4/24/2017	12:15	11.984	0.35	0.08321
4/24/2017	12:00	11.939	0	0.00000
			Flow	0.14265 MG

Not for Pulic Distribution