



PACIFIC ATLANTIC TERMINALS LLC

September 11, 2007

VIA FACSIMILE: (925) 646-2073

ATTENTION: Randall L. Sawyer
Hazardous Materials Program Director
Contra Costa Health Services
4333 Pacheco Boulevard
Martinez, CA 94553

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SEP 12 2007

Contra Costa Health
Hazardous Materials

Subject: 72 Hour Follow-up Notification Report
Pacific Atlantic Terminals Gasoline Spill, September 8, 2007

RE: Incident Number C072510655

Attached is the 72 Hour Follow-up Notification Report Form for the gasoline spill at Pacific Atlantic Terminals, LLC Martinez Terminal on September 8, 2007. Pacific Atlantic Terminals is continuing emergency response/cleanup operations to mitigate affects of the spill. An Incident Investigation will begin shortly. Results and Preventative Measures from that investigation will be included in the 30 Day Follow-up Report.

This report is being sent via fax, the original will be sent overnight.

If you have any questions regarding this response, please contact me at 925-228-3227, ext. 120.

Sincerely,
Pacific Atlantic Terminals LLC


John-Paul Nepote
Sr. EHS Compliance Specialist

cc: Mr. Sonny Khoo, CCHS

**ATTACHMENT B
72 HOUR FOLLOW-UP NOTIFICATION REPORT FORM
CONTRA COSTA HEALTH SERVICES**

INSTRUCTIONS: A hardcopy and an electronic copy of this report is to be submitted for all Level 2 and 3 incidents or when requested by CCHS. See Attachment B-1 for suggestions regarding the type of information to be included in the report. Attach additional sheets as necessary. Forward the completed form to:

ATTENTION: Randall L. Sawyer
Hazardous Materials Programs Director
Contra Costa Health Services
4333 Pacheco Boulevard
Martinez, CA 94553

INCIDENT DATE: 09/08/07
INCIDENT TIME: 14:15
FACILITY: Pacific Atlantic Terminals, LLC Martinez Terminal

PERSON TO CONTACT FOR ADDITIONAL INFORMATION

John-Paul Nepote Phone number 925-228-3227 ext. 120

- I. **SUMMARY OF EVENT:**
On Saturday September 8, 2007 at approximately 2:15 pm, above ground storage tanks 8, and 11 were overflowed with Carbob gasoline. The tanks overflowed into the vapor control lines, and product was spilled onto the ground. An estimated 250 barrels was spilled into the storage tank containment, with 5 to 10 gallons outside containment.
- II. **AGENCIES NOTIFIED, INCLUDING TIME OF NOTIFICATION:**
911 Emergency ~14:15 Bay Area AQMD 15:45
CA OES 15:44
NRC 16:20
- III. **AGENCIES RESPONDING, INCLUDING CONTACT NAMES AND PHONE NUMBERS:**
Contra Costa Fire Department - Battalion Chief Brian Cisterman, Martinez Police Department - Mike Estral, Contra Costa Health Services - Sonny Khoo, California Fish & Game - Kathleen Jennings, California Highway Patrol
- IV. **EMERGENCY RESPONSE ACTIONS:**
Evacuation of contaminated area, shutdown of valves and pumps in tank farm, shutdown of thermal oxidizer, partial removal of product from tank to relieve pressure vacuum truck removal of liquid product from ground, covering of contaminated soil, removal of contaminated soil to stockpile pending analysis.
- V. **IDENTITY OF MATERIAL RELEASED AND ESTIMATED OR KNOWN QUANTITIES:**
Gasoline and reformate mixture; estimated 250 bbls released onto ground.

For CCHS Use Only:

Received By: _____
Date Received: _____
Incident Number: _____
Copied To: _____
Event Classification Level: _____

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Contra Costa Health
Hazardous Materials

72-HOUR REPORT, PAGE 2

INCIDENT DATE: 09/08/07

FACILITY: Pacific Atlantic Terminals, LLC Martinez Terminal

VI. **METEOROLOGICAL CONDITIONS AT TIME OF EVENT** including wind speed, direction, and temperature:
Sky hazy, temperature in the 70s slight easterly wind ~10 mph.

VII. **DESCRIPTION OF INJURIES:**

One employee sent to hospital for gasoline inhalation and skin irritation. Employee released same day. Employee has returned to work with no lost time.

VIII. **COMMUNITY IMPACT** including number of off-site complaints, air sampling data during event, etc.:
No known offsite complaints. Temporary closure of section of Waterfront Road.

IX. **INCIDENT INVESTIGATION RESULTS**

Is the investigation of the incident complete at this time? _____ Yes No
If the answer is no, submit a 30 day final or interim report.

If the answer is yes, complete the following:

X. **SUMMARIZE INVESTIGATION RESULTS BELOW OR ATTACH COPY OF REPORT:**

XI. **SUMMARIZE PREVENTATIVE MEASURES TO BE TAKEN TO PREVENT RECURRENCE INCLUDING MILESTONE AND COMPLETION DATES FOR IMPLEMENTATION:**