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ENTERED

CONTRA COSTA  
HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One):  C  I  N CASE NUMBER: 180225 - 01

Received Date: 02/25/18 Received Time: 13:29 Received By: JP Lead: JP

Incident Date: 02/25/18 Incident Time: Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: Antioch Police Department  RP is from Facility  Anonymous

Organization:

Primary Phone Number: 925-783-6206 Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:

Phone Number:

Address: 1709 Bermuda Way Unit:

City: Antioch State: CA Zip Code: 94509

Location Description:

INITIAL INCIDENT DESCRIPTION: Oil spill from vehicle into street and possible a storm drain nearby

INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level):  N/A  0  1  2  3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input type="checkbox"/> Fire or Explosion	<input type="checkbox"/> Fatality (one or more)	<input type="checkbox"/> Tank Truck	<input checked="" type="checkbox"/> Storm Drain/Creek
<input type="checkbox"/> Spill or Release	<input type="checkbox"/> > 24 hrs. Hospital, 3 or more people	<input type="checkbox"/> Railroad	<input type="checkbox"/> Drug Lab
<input type="checkbox"/> Startup or Shutdown	<input type="checkbox"/> Flammable Vapor Cloud	<input type="checkbox"/> On Water	<input type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring	<input type="checkbox"/> > 5,000 lbs.	<input type="checkbox"/> Pipeline	<input type="checkbox"/> Odor Complaint
<input type="checkbox"/> Upset		<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Other:

Time Enroute to Scene: 14:30 Time Arrived On Scene: 14:54 Time Departed From Scene: 15:47

REFERRED TO OTHER AGENCY:

DTSC STATE FUNDING (if applicable):

CLU/ERER Number:

STORMWATER STATUS (if applicable):

Actual Discharge  Potential Discharge



**AGENCIES ON SCENE OR NOTIFIED:**

<b><u>Agency Type</u></b>	<b><u>Agency</u></b>	<b><u>O/N</u></b>	<b><u>Contact Person</u></b>	<b><u>Phone Number</u></b>	<b><u>Case Number</u></b>
Fire Department	ConFire	N			
Law Enforcement	Antioch PD	O	Brittney Crites	925-783-6206	18-13-044
Air District					
State OES		N			18-1253
Code Enforcement		N			

**REPORT:**

On 02/25/2018, at approximately 13:29, Antioch Police Department requested CCHSHMP to respond to an oil spill from a vehicle parked on the driveway at 1709 Bermuda Way in Antioch. The on scene officer stated that the oil had leaked into the street and might get into a storm drain nearby. The oil spill was estimated about 4 house long. CCHSHMP departed the office at approximately 14:30. CCHSHMP arrived on scene at approximately 14:54. CCHSHMP mitigated the oil spill and cleaned up the oil spill on the sidewalk and street. CCHSHMP noted that there was oil stain on the street leading to the storm drain. CCHSHMP checked inside the storm drain and noted that the storm drain appeared to be dry. CCHSHMP observed trash and debris inside the storm drain. The officer notified City of Antioch Code Enforcement. CCHSHMP place oily absorbent/contaminated debris into a 5 gallon container. CCHSHMP departed the scene at approximately 15:47.

On 02/26/2018, CCHSHMP notified City of Antioch Public Works (PW) about the incident at approximately 8:05. PW representative stated that they will send out their staff to investigate the street and storm drain.

**Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan**

Report Prepared by: JP