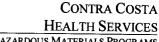
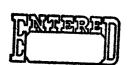
WILLIAM B. WALKER, M.D. HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER CHIEF ENVIRONMENTAL HEALTH AND HAZARDOUS MATERIALS OFFICER



HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100 Martinez, California 9455-2233 Phone (925) 335-3200 Fax (925) 646-2073





COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

			·····						
	Type (Circle One): C i N	ì	CASE NUMBER: (60803 -0)						
	Received Date: $\frac{8/3}{4}$	PReceived Time: 10:00	an Received By: CL	Lead:					
	Incident Date: $8/3/19$	Incident Time:	Assigned to: Assigned Date:						
	COMPLAINANT / REPORTING PARTY:								
Name: Michael Zuehlte (EBRP) Pris from Facility									
	Organization:								
	Primary Phone Number: (707) 738-4337 Secondary Phone Number:								
	Address:								
	City:		State: Zip Code:						
	FACILITY / LOCATION OF I	NCIDENT.							
	Name:CUPA Facility I.D.:								
ı	Phone Number								
	Phone Number: Address: Park Arc Ner EBRP Wildest Canyon Stuging Area City: Richmond State: A Zip Code:								
- 1	Profession of								
	City: / Chrond State: CH Zip Code:								
Ł	ocation Description:								
	INITIAL INCIDENT DESCRIP	ICIDENT DESCRIPTION: 2-3 quarts of motor oil in storm drain							
ſ	INCIDENT TYPE / DESCRIP	TION:	d	0000					
	Commu	Community Warning System Level (Circle Highest Level): WA 0 1 2 3	0 1 2 3						
	FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS					
	□ Fire or Explosion	□ Fatality (one or more)	□ Tank Truck	Storm Drain/Creek					
~ n	Spill or Release	□ > 24 hrs. Hospital, 3 or	□ Railroad	□ Drug Lab					
	□ Startup or Shutdown	more people	□ On Water						
İ	☐ Flaring☐ Upset	□ Flammable Vapor Cloud	□ Pipeline	□ Odor Complaint					
	□ Opset	> 5,000 lbs.	□ Fuel Tank	□ Other:					
Ĺ	Time Enroute to Scene:	Time Arrived On Sco	ne: Time Departed From Scene:						
REFERRED TO OTHER AGENCY:									
	DTSC STATE FUNDING (if applicable): STORMWATER STATUS (if applicable):								
•	CLU/ERER Number:	(if applicable): □ Actual Discharge □ Potential Discharge							
-	L-1706. X								



AGENCIES ON SCENE OR NOTIFIED:

Agency Type	<u>Agency</u>	O/N	Contact Person	Phone Number	Case Number
Fire Department					
Law Enforcement					
Air District					
State OES					2.7
Challiworks-		N		ì	And the second s

REPORT:

in lifting stormdrain grate, ccc Public Works was not needed in this instance.

D. Luis, S. Duight, and S. Heller arrived at scene. They were able to remove the grate. Oiled dirthear the drain were removed. The plastic bag friend on top of the Storm drain, which had residual oil, was removed. With absorbent pads, the team to ad to absorb as much oil that dripped drum the drain. The oiled materials had been consolidated in a libeled 5-gallow breaket. There was the later flowing through the storm drain, so whater is oil that has at the bottom of storm drain may have washed away.

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

Report Prepared by:

trisha Asuncia