



ENTERED

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

CASE NUMBER: 18-10-24 — 01

Received Date: 10/24/18 Received Time: 12:10PM Received By: HW Lead: MPD

Incident Date: 10/24/18 Incident Time: Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: CARLOS LARE-MASTERS RP is from Facility Anonymous

Organization: EAST BAY REGIONAL PARKS DISTRICT

Primary Phone Number: 510-290-1658 Secondary Phone Number:

Email: CARE-MASTERS@EBPARKS.ORG

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:

Phone Number:

Address: DELTA RD Unit:

City: BRENTWOOD State: CA Zip Code: 94513

Location Description: SIDE OF THE ROAD

INITIAL INCIDENT DESCRIPTION:

ABANDONMENT OF SEVERAL CONTAINERS OF HAZARDOUS WASTE. APROX 15-20 CONTAINERS, SOME ARE LEAKING.

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 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 > 5,000 lbs.	<input type="checkbox"/> On Water	<input checked="" type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring		<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: 12;30 Time Arrived On Scene: 13:15 Time Departed From Scene: 14:30

REFERRED TO OTHER AGENCY:



DTSC STATE FUNDING (if applicable): CLU/ERER Number:	STORMWATER STATUS (if applicable): <input type="checkbox"/> Actual Discharge <input checked="" type="checkbox"/> Potential Discharge
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AGENCIES ON SCENE OR NOTIFIED:

<u>Agency Type</u>	<u>Agency</u>	<u>O/N</u>	<u>Contact Person</u>	<u>Phone Number</u>	<u>Case Number</u>
Fire Department					
Law Enforcement					
Air District					
State OES					

REPORT:

AS/MPD Departed office to investigate abandonment of 15-20 containers on the side of the road on Delta Rd.

Upon arrival it was determined that there were 55 containers each containing used oil. All of the containers were intact. See photos attached.

The containers were placed in secondary containment on our rig and then they were transported to Delta Household Hazardous Waste Collection Facility.

Response completed. No further action.

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

Report Prepared by: MPD