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CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 04/22/17 Received Time: 16:24 Received By: DWL Lead: DWL

Incident Date: 04/22/17 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 17-04-22 - 01

COMPLAINANT / REPORTING PARTY:

Name: Les Davis RP is from Facility Anonymos

Organization: Citizen

Primary Phone Number: 707-974-0638 Secondary Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: 217 Village Place Unit: _____

City: Martinez State: CA Zip Code: _____

Location Description: Creek that runs through condominiums

INITIAL INCIDENT DESCRIPTION:

Milky substance in creek that runs through condominiums.

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 > 5,000 lbs.	<input type="checkbox"/> On Water	<input 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: 19:30 Time Arrived On Scene: 19:35 Time Departed From Scene: 20:59

REFERRED TO OTHER AGENCY:

Confire on scene along with Martinez Police. Fish and Wildlife notified and present on Sunday.

DTSC STATE FUNDING (if applicable):

CLU/ERER Number: _____

STORMWATER STATUS (if applicable):

Actual Discharge Potential Discharge



17-04-22-01
DWL



Hazardous Materials Spill Report: Cal OES Control #:17-2973

Warning Center to: ccchazmat

04/22/2017 04:01 PM

From: Warning Center <Warning.Center@oes.ca.gov>
To: ccchazmat@hsd.cccounty.us,

Warning Center	Warning Center	Hazardous Materials Spill Report: Cal OES

Please confirm receipt. Thank You, CSWC 916-845-8911

Governor's Office of Emergency Services
Hazardous Materials Spill Report

DATE: 04/22/2017 | RECEIVED BY Cal OES: Kristie Jones-Holstrom | Cal
OES CNTRL #:17-2973
TIME: 1552 | RECEIVED BY OSPR: | NRC#:

1.a. PERSON NOTIFYING Cal OES

1. NAME: Les Davis | 2. AGENCY: Citizen
3. PHONE #: 707-974-0638 | 4. EXT: | 5. PAGER #:

1.b. PERSON REPORTING SPILL (If different from above):

1. NAME: | 2. AGENCY:
3. PHONE #: | 4. EXT: | 5. PAGER #:

2. SUBSTANCE TYPE:

a. SUBSTANCE: / b.QTY: / Amount / Measure / c. TYPE / d. OTHER / e.
PIPELINE / f. Vessel Over => 300 tons

1. Unknown/ white / = / unknown / Unknown / UNSPECIFIED / / No / No

2.

3.

g. DESCRIPTION: A light white, milky emulsified substance is flowing through a seasonal creek near the caller's residence. The material is coming from an unknown source. No other agencies have been contacted at time of report.

h. CONTAINED: Unknown | i. WATER INVOLVED: Yes

j. WATERWAY: unknown- leads to Martinez Marina | k. DRINKING WATER
IMPACTED: No

1. KNOWN IMPACT: Unknown

3.a. INCIDENT LOCATION: 217 Village Place

b. CITY: Martinez | c. COUNTY: Contra Costa County | d. ZIP:
94553

4. INCIDENT DESCRIPTION:

a. DATE: 4/22/2017 | b. TIME(Military): 1500 | c. SITE: Waterways
| d. CAUSE: Unknown
e. INJURIES: No | f. FATALITY: No | g. EVACUATIONS: No | h.
CLEANUP BY: Unknown
e. INJURIES #: | f. FATALS #: | g. EVACS #:

5. SUSPECTED RESPONSIBLE PARTY:

a. NAME: unknown | b. AGENCY:
c. PHONE#: | d. EXT:
e. MAIL ADDRESS:
f. CITY: | g. STATE: CA | h. ZIP:

6. NOTIFICATION INFORMATION:

a. ON SCENE: | b. OTHER ON SCENE:
c. OTHER NOTIFIED:
d. ADMIN. AGENCY: Contra Costa County Health Services Department
e. SEC. AGENCY:
f. ADDITIONAL COUNTY: g. ADMIN. AGENCY:
h. NOTIFICATION LIST: DOG Unit: | RWQCB Unit: 2

AA/CUPA, DFG-OSPR, DTSC, RWQCB, US EPA, USFWS, CDPH-D.O., EB PARKS, LANDS,
PARKS & REC, USCG, Co/WP, Co/Hlth, Co/E-Hlth

CONFIDENTIAL REMARKS:

Created by Warning Center on 4/22/2017 3:52:54 PM Last
Modified by Warning Center on 4/22/2017 4:01:13 PM

California State Warning Center
Governor's Office Emergency Services
Phone: (916) 845-8911
Warning.Center@oes.ca.gov

Link to Spill Report:

https://urldefense.proofpoint.com/v2/url?u=http-3A_w3.calema.ca.gov_operation_al_malhaz.nsf_SpillAllDocs_C5197BAB3B79DFED8825810A007DB1A5-3FOpenDocument&d=DwIBAg&c=RpR9LIQNIoG08A8CMgA1NQ&r=S0jS0A081QNgB4a-k_X9SD1TTubB3usfrG7WkczC2Lg&m=PPppXXmY23kSx2HZnt0ATqWxhdo8_gca9J4lL0VrryM&s=0n8WSrA8NAHeMXmBBjlm-TTuvE4pQoUCLuNCouybyM&e=