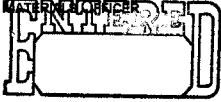


WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
HAZARDOUS MATERIALS PROGRAMS



CONTRA COSTA
HEALTH SERVICES
HAZARDOUS MATERIALS PROGRAMS

4585 Pacheco Boulevard, Suite 100
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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 05/15/17 Received Time: 11:48 Received By: ED Lead: AS

Incident Date: 05/15/17 Incident Time: _____ Assigned to: _____ Assigned Date: _____

CASE NUMBER: 17-05-15-02

COMPLAINANT / REPORTING PARTY:

Name: Margie Valdez RP is from Facility Anonymous

Organization: CCC Public Works, Maintenance Division

Primary Phone Number: 925-313-7012 Secondary Phone Number: _____

Email: margie.valdez@pw.cccounty.us

Address: 2475 Waterbird Wy

City: Martinez State: CA Zip Code: 94553

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: Bixler Rd and Byers Rd Unit: _____

City: Byron State: CA Zip Code: 94514

Location Description: Bixler Rd c/s Byers Rd

INITIAL INCIDENT DESCRIPTION: 55 gallon plastic drum, unknown content. No markings or label. Near delta.

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: 1400 Time Arrived On Scene: 1430 Time Departed From Scene: 1500

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:

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

REPORT:

55 gal Drum "Blue" located in drainage ditch
~~Area~~ looked like Non Potable water Drum

opened Drum clear liquid inside pH=7 non flammable
non oxidizer no odor, matches water?

contents was determined to be water.

Site Safety & Traffic cones set out
Level D Sampling

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

Report Prepared by: Adler