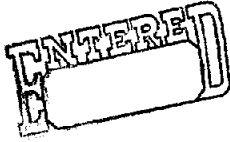


WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

RANDALL L. SAWYER
CHIEF ENVIRONMENTAL HEALTH AND
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CONTRA COSTA
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CONTRA COSTA HEALTH SERVICES

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N

Received Date: 08/13/17 Received Time: 22:58 Received By: DWL Lead: DWL

Incident Date: 08/13/17 Incident Time: 22:58 Assigned to: DWL Assigned Date: 08/13/17

CASE NUMBER: 170813 - 01

COMPLAINANT / REPORTING PARTY:

Name: Richard Buongirono RP is from Facility Anonymus

Organization: _____

Primary Phone Number: 925-757-2989 Secondary Phone Number: _____

Email: _____

Address: 1405 Yosemite Dr

City: Antioch State: CA Zip Code: 94509

FACILITY / LOCATION OF INCIDENT:

Name: _____ CUPA Facility I.D.: _____

Phone Number: _____

Address: 1409 Yosemite Dr Unit: _____

City: Antioch State: CA Zip Code: 94509

Location Description: In front of the residence of 1409 Yosemite drive.

INITIAL INCIDENT DESCRIPTION: Unknown substance on pavement from an illegal dumping. Substance entered storm drain.

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: 23:57 Time Arrived On Scene: 00:23 Time Departed From Scene: 00:56

REFERRED TO OTHER AGENCY: None

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	Con Fire	O	Ben Sanders	925-260-6749	17078732
Law Enforcement					
Air District					
State OES					
	Con Fire	O	Jeff Landis	925-941-3300	17078732

REPORT:

Received page from SO. Contacted SO and they stated Con fire was on scene of a spill that appeared to have enter a storm drain. It was an unknown substance that was volatilizing rapidly. Con Fire reported a solvent like smell and colorless liquid.

Specialist, XB, was first on scene and stated that he could not smell or see anything besides seeing a liquid in the storm drain.

While on scene, the RP stated that there was an illegal dumping in front of the residence of 1409 Yosemite Dr, Antioch that entered a storm drain. RP stated that it had a methane/WD40 odor.

Contra Costa Hazardous Response Team used PID and CGI to detect the possible substance in the storm drain.

Results: PID- Zero CGI- 20.9 for O2; other fields zero.

No odors detected and results of instrumentation were within normal readings. No sheen or stratification of liquids in the storm drain detected. CCHS performed no further action and no further action is required.

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

Report Prepared by: DWL