Monterey County Health Department Environmental Health Division Emergency Response Incident Report Proposition 65 Notification

MCHD # 21-077 CO00 23314

Incident Date: 08/01/2021				Ir	Incident Time: ~8:15 AM			
Incident Type:		Hazardous Material Suspected Bioterrorist Threat Clandestine Drug Lab			Sewage Restaurant Fire Other:			
Time Notified: 9 AM					Time Completed: 11:00 AM			
Location: 300 Sk	y Park	Ln		- 1	City: Monterey			
Hazardous Mate	rial: Jet	t Fuel			Quantity: ~11 gallons			
Physical Properti	es: Liq	uid			Physical / Health Hazards: Combustible / Irritant			
I Land Lica: Airport Fuoling area			Direct/Construct ound: Yes	ed Con	onnections Entered Storm Drain System/Receiv			
Environment Affected: Concrete por			ortion of fill are	еа	Weather / Temperature: 62 Breezy			
Type of Containe	er: Mo	bile Fueler						
First Responder	/ Agend	cy on Scene	: Monterey Ai	rport F	Fire Dept			
Incident Commander: Paul Faurot, Monterey Jet Center			Agen	ency / Telephone: (831) 373-0700				
Other Responding Personnel / Agencies / Telephone:								
	Name and the same and					-		
Source Investigation Conducted? Yes				Source Id	lentifie	d? Y	es	
Responsible Party Information: - Invoice Mountain Aviation 9656 Metro Airport Rd. Broomfield, CO 80021 (302) 478-7471 Attention: Michael Vargo								
Vehicle Information:			O.E.S. Control #: 21-4116 NRC #:		•			
Other Notification	6.						accounty or	
RWQCB		District	☐ MRWPC	λ	☐ DFG			□NOAA

☐ Cal-EMA	☐ FED EPA	□DHS	☐ Health Officer	
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Narrative: I received a page from County Communications regarding a fuel spill at the Monterey Jet Center. I responded and met with Paul Faurot, Facility Manager and he showed me the affected area. There was a valve failure during the fill of a Mountain Aviation Plane and approximately 11 gallons spilled onto the concrete. The facility design is such that if flowed to a collection sump. The sump has a small boom to absorb fuel and a valve to keep flow contained. The spill did not enter the storm drain. According to Mr. Faurot, approximately 5 gallons of jet fuel was recovered. OES report was filed with the Office of Emergency Services.

Incident Status:				
Mitigated No Further Action	☐ Health Department Follow-up Warranted			
☐ Referred to other Agency or Department for follow-up:				
Contact information:				
Action taken:				

	Watt Ku
own Commisted D.	

Form Completed By: _

August 01, 2021

Date

FOR LOCAL AGENCY USE ONLY

I HEREBY CERTIFY THAT I AM A DESIGNATED GOVERNMENT EMPLOYEE AND THAT I HAVE REPORTED THIS INFORMATION TO LOCAL OFFICIALS PURSUANT TO SECTION 25180.7 OF THE HEALTH AND SAFETY CODE.

Matt Krenz, R. E. H. S. II

Randy McMurray
Randy McMurray, R.E.H.S

Date 08/02/21

Supervising Environmental Health Specialist

		ACTIVITY LOG		V 10. V. 12. 12.	10/14/050
Date	Activity	Specialist	Start	Stop	Total
8/01/2021	Phone Notification	Matt Krenz	9:09 am	11:00 am	2.00
8/01/2021	Report Writing	Matt Krenz	1:00 pm	1:15 pm	0.25
	make yo	ur selection - TOTAL:			2.25

CO00233

MCHD # 21-077 CO-23314

Governor's Office Emergency Services Hazardous Materials Spill Report

	DECEMED D				
DATE: 08/01/2021	RECEIVED BY:		CONTROL#:		
TIME: 1057			Cal OES - 21-4116		
	L		NRC -		
1.a. PERSON NOTIFYING Ca					
1. NAME: 2. AGENCY		PHONE#:	4. Ext:	5. PAG/CELL:	
	ounty Health				
Department					
1.b. PERSON REPORTING S					
1. NAME: 2. AGENCY	Y: 3.	PHONE#:	4. Ext:	5. PAG/CELL:	
2. SUBSTANCE TYPE:					
2. a. b.QTY:>= <amount< td=""><td>Measure</td><td>c. TYPE:</td><td>d.</td><td>e. f. VESSEL</td></amount<>	Measure	c. TYPE:	d.	e. f. VESSEL	
SUBSTANCE:			OTHER:	PIPELINE >= 300	
	~ 1/)			Tons	
1. Jet Fuel = 11	Gal(s)	PETROLE	UM	No No	
2. =				No No	
3. =				No No	
g. DESCRIPTION:		•		ilure during fuel	
				ne ground, 6 gallon of	
				o catch basin. No	
			Monterey Air	rport Response Team	
	handled clean u				
h.	i. WATER	j. WATERWA		NKING WATER	
STOPPAGE/CONTAINMENT			IMPA	CTED	
Stopped, Contained	No		No		
I. MARITIME VESSEL		m. KNOWN			
No		IMPACT			
		None			
3. a. INCIDENT LOCATION:					
b. CITY:	c. COUNTY:	d. ZIP:			
Monterey	Monterey	93409		EREY BAY UNIFIED	
	County		APCD		
4. INCIDENT DESCRIPTION:					
a. DATE:	b. TIME	c. SITE:	d. REF	PORTED CAUSE	
08/01/2021	(Military): 0830	Aimont	Mechai	nical	
		Airport			
e. INJURIES	f. FATALITY	0			
No No Airport Response Team 6 NOTIFICATION INFORMATION.					
6. NOTIFICATION INFORMATION: a. ON SCENE: b. OTHER ON SCENE: c. OTHER NOTIFIED:					
	D. OTHER ON	SCENE:	c. OTHE	K NOTIFIED:	
Co Health, Fire Dept.					
d. ADMIN. AGENCY: Monterey County Health Department e. SEC. AGENCY:					
f. ADDITIONAL COUNTY:	g. ADMIN. AGENCY:				
h. NOTIFICATION LIST:		5. 22011	LLI IVIA GENT	~ ~ .	
Cal GEM: RWQCB Unit:					
		3			

Cal OES Region:

AA/CUPA, DTSC, RWQCB, US EPA, USFWS, Co/WP, Co/E-Hlth

Photo Attachment:	

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