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

MCHD # <u>23</u>- 069 CM024-00149

Incident Date: 08/16/2023					Incident Time: ~9:32 am					
Incident Type:	lazardous M Suspected Bi Clandestine I	ioterrorist Thre	eat	☐ Sewage☐ Restaurant Fire☒ Other: oil sheen						
Time Notified: 9:45 am					Time Completed: 11:15 am					
Location: Breakwater Cove, 32 Cannery Row					City: Monterey					
Hazardous Material: Oil sheen					Quantity: Unknown					
Physical Properties: Liquid					Physical / Health Hazards: Irritant					
Land Heat Private			Direct/Constructed Connections Found: Yes		nnections	Entered Storm Drain System/Receiving Waters: Yes				
Environment Affected: Breakwater Cove					,	Weather / Temperature: Sunny, 65 deg				
Type of Container: Boat										
First Responder / Agency on Scene: Breakwater Cove Personnel										
Incident Commander: Edwin Bryant Ag					ency / Telephone: (831) 373-7857					
Other Responding Personnel / Agencies / Telephone:										
Source Investigation Conducted? Yes					Source Identified? Yes					
Responsible Party Information: Unknown a			at this time							
Vehicle Information:			O.E.S. Control # 23-52		5220 NRC #		#:			
Other Notifications:										
RWQCB Air District		District	MRWPCA		□DFG		OSPR			
☐ Cal-EMA ☐ FED EPA		☐ DHS				Cal GEM				

Narrative: I was contacted by Randy McMurray, Supervisor, EHB, Hazardous Materials Management Services re: an OES report about oil reported in Breakwater Cove. I contacted Breakwater Cove and spoke with Edwin Bryant, who indicated three booms (25' x 3") were deployed to contain the oil sheen with pads placed inside the radius to absorb all possible oil. A second update provided indicated that one 55-gallon drum was filled with the spent booms and pads and will be labeled as oily debris, stored onsite for future pickup. At the time, I requested an amended OES report once the responsible party is determined.

Incident Status:									
☑ No Further Action	☐ Health Department Follow-up Warranted								
☐ Referred to other Agency or Department for follow-up:									
Contact information:									
Action taken:									
Form Completed By: Matt Krenz, R. E. H.									

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.

Randy McMurray, R. E. H. S. <u>8/23/2023</u>

Date

Hazardous Materials Management Services, Supervisor

ACTIVITY LOG										
Date	Activity	Specialist	Start	Stop	Total					
8/16/2023	Multiple calls	Matt Krenz	9:45am	11:00 am	1.25					
8/23/2023	Report Writing	Matt Krenz	4:25 pm	4:45 pm	0.25					
	**make your selec			1.50						

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