Hazardous Materials Spill Report							
<b>DATE:</b> 10/16/2023 <b>TIME:</b> 0846			RECEIVED BY:		CONTROL#: Cal OES - 23-6548 NRC -		
1.a. PERSON NOTIFYING Cal OES:							
1. NAME:		. AGENCY		. PHONE#:	4. Ext:	5. PAG	/CELL:
City of Seaside Public Works							
1.b. PERSON REPORTING SPILL (If different from above):							
1. NAME: 2. AGENCY			: <b>3. PHONE#:</b>		4. Ext:	5. PAG/CELL:	
2. SUBSTANC 2. a.			Measure	TVDF.	A OTHED.	• DIDEI INF	e veccei
SUBSTANCE:	D.Q1 Y:>	= <amount< th=""><th></th><th>c. TYPE:</th><th>a. OTHER:</th><th>e. PIPELINE</th><th>&gt;= 300 Tons</th></amount<>		c. TYPE:	a. OTHER:	e. PIPELINE	>= 300 Tons
1. Sewage	=	1,000	Gal(s)	SEWAGE		No	No
2.	=					No	No
3.		п	D stated that due to	a blackage in the s	outon main i	No towarflowed	No and impacted
<b>g. DESCRIPTION:</b> RP stated that due to a blockage in the sewer main it overflowed and impacted 4 properties, no storms or waterways were impacted. RP conducted the cleanup.							
h.		i.	WATER	j. WATERWAY:	k. DF	RINKING W	ATER
STOPPAGE/					IMPACTED		
Stopped, Contained No			Ιο	None No			
I. MARITIMI No	E VESSE	Ľ		m. KNOWN IMPACT None			
	NT LOC		55 Lazerne Street				
b. CITY:		C.	. COUNTY:	d. ZIP:			
Seaside		Ν	Ionterey County		MON APCI	TEREY BAY	UNIFIED
4. INCIDENT DESCRIPTION:							
a. DATE:			• TIME (Military):	c. SITE:		EPORTED C	AUSE
10/16/2023			715	Residence	Block	-	
e. INJURIES			FATALITY	g. EVACUATION		<b>EANUP BY</b>	•
No	TION D		lo	No	Repo	rting Party	
6. NOTIFICATION INFORMATION: a. ON SCENE: b. OTHER ON SCENE: c. OTHER NOTIFIED:							
Fire Dept.							
d. ADMIN. AGENCY: Monterey County Health e. SEC. AGENCY:							
Department							
f. ADDITION			g. ADMIN. AGENCY:				
h. NOTIFICATION LIST:							
Cal GEM: RWQCB Unit:							
3 Cal OES Region:							
AA/CUPA, DTSC, RWQCB, US EPA, USFWS							
Photo Attachmen	nt:						
			11. Ca	l OES Reg.		CMO	24-00314

**Governor's Office Emergency Services** 

MCHD 23-094

\*\*\*\*\*\*\*\*\* Control No: 23-6548 \*\*\*\*\*\*\*\*