

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

**MCHD # 23-098
CM024-00335**

Incident Date: 10/20/2023		Incident Time: 10:40 am	
Incident Type:	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Sewage	<input type="checkbox"/> Restaurant Fire
	<input type="checkbox"/> Suspected Bioterrorist Threat	<input type="checkbox"/> Other: oil sheen	
	<input type="checkbox"/> Clandestine Drug Lab		
Time Notified: ~10:45 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 Use: Private	Direct/Constructed Connections Found: Yes	Entered Storm Drain System/Receiving Waters: Yes	
Environment Affected: Breakwater Cove		Weather / Temperature: Coudy, ~59 def F	
Type of Container: Fuel Hose			
First Responder / Agency on Scene: Breakwater Cove Personnel			
Incident Commander: Diane Colwell		Agency / Telephone: (831) 373-7857	
Other Responding Personnel / Agencies / Telephone:			
N/A			

Source Investigation Conducted? Yes		Source Identified? Yes	
Responsible Party Information: <input checked="" type="checkbox"/> - Do Not Invoice	Breakwater Cove 32 Cannery Row Monterey, CA 93940 (831) 373-7857		
Vehicle Information:	O.E.S. Control # 23-6643	NRC #:	

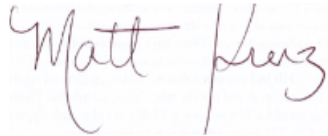
Other Notifications:				
<input type="checkbox"/> RWQCB	<input type="checkbox"/> Air District	<input type="checkbox"/> MRWPCA	<input type="checkbox"/> DFG	<input type="checkbox"/> OSPR
<input type="checkbox"/> Cal-EMA	<input type="checkbox"/> FED EPA	<input type="checkbox"/> DHS	<input type="checkbox"/> Health Officer	<input type="checkbox"/> Cal GEM

Narrative: I was contacted via email by Diane Colwell, Director of Monterey Bay Boatworks re: a release of ~ 3 cups of diesel fuel into the harbor due to mechanical failure during fueling, and that the release was not recoverable. No other agencies responded.

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. S. II

10/20/2023
 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.



Maria Ferdin, R. E. H. S.
Solid Waste Services, Supervisor

10/20/2023
 Date

ACTIVITY LOG

Date	Activity	Specialist	Start	Stop	Total
10/20/2023	Reply to notification	Matt Krenz	11:00 am	11:00 am	0.00
10/20/2023	Report Writing	Matt Krenz	11:00 am	11:15 am	0.25
make your selection - TOTAL:					0.25

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