MCHD # 21-011 CO-22838

Governor's Office Emergency Services

Hazardous Materials Spill Report

DATE: 02/01/2021 **RECEIVED BY: CONTROL#:** Cal OES - **21-0596**

NRC -

1.a. PERSON NOTIFYING Cal OES:

1. NAME: 2. AGENCY: 3. PHONE#: 4. Ext: 5. PAG/CELL:

City of Salinas

1.b. PERSON REPORTING SPILL (If different from above):

1. NAME: 2. AGENCY: 3. PHONE#: 4. Ext: 5. PAG/CELL:

2. SUBSTANCE TYPE:

2. a. b.QTY:>=<Amount Measure c. TYPE: d. e. f. VESSEL SUBSTANCE: OTHER: PIPELINE >= 300 Tons

1. Sewage, = 2,000 Gal(s) SEWAGE No No

Raw

g. DESCRIPTION: Caller states that due to debris in a 18 inch sewer main, there was a

release of approximately 2,000 gallons of sewage out of a man hole. Reclamation ditch 1665 has been impacted by the release and they are estimating approximately 500 gallons of sewage has entered the channel. The release is stopped and contained.

h. i. WATER j. WATERWAY: k. DRINKING WATER

STOPPAGE/CONTAINMENT:INVOLVED: IMPACTED

Stopped, Contained Yes Storm Drain No

I. KNOWN IMPACT None

3. a. INCIDENT LOCATION: E Lake St x California St b. CITY: c. COUNTY: d. ZIP:

Salinas Monterey 93901 MONTEREY BAY UNIFIED

County APCD

4. INCIDENT DESCRIPTION:

a. DATE: b. TIME c. SITE: d. REPORTED CAUSE

(Military):

02/01/2021 1250 Merchant/Business, Blockage

Residence

e. INJURIES f. FATALITY g. EVACUATION h. CLEANUP BY:

No No Reporting Party

6. NOTIFICATION INFORMATION:

a. ON SCENE: b. OTHER ON SCENE: c. OTHER NOTIFIED:

Co Health

d. ADMIN. AGENCY: Monterey County e. SEC. AGENCY:

Health Department

f. ADDITIONAL COUNTY: g. ADMIN. AGENCY:

h. NOTIFICATION LIST:

i. Cal GEM: j. RWQCB
Unit:3

k. Cal OES Region:

AA/CUPA, DTSC, RWQCB, US EPA, USFWS, DFG-OSPR, LANDS, PARKS & REC, Co/WP, Co/Hlth, Co/E-Hlth

Created by: Warning Center on: 02/01/2021 03:03:21 PM Last Modified by: Warning Center on: 02/01/2021 03:17:30 PM

MCHD # 21-011 CO-22838

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

MCHD Log# 21-011 SR000 / CO0022838

Incident Date: 2/1/2021				Inc	Incident Time: 12:50				
Incident Type:	_ ·	Is Material Is Material Is Sewage In Restaurant Fire In Other:							
Time Notified: 3:28				Т	Time Completed: 4:20pm				
Location: E. Lake St. & California St.				С	City: Salinas				
Hazardous Material: Sewage				Q	Quantity: 2000 Gallons				
Physical Properties	: Liquid/Black	Wateı	r	Р	Physical / Health Hazards: Biological				
Lland Hear Public			Direct/Constructed Connections Found: N/A				Entered Storm Drain System/Receiving Waters: Yes		
Environment Affected: Concrete/ Asphalt					Weather / Temperature: Clear/55F			-	
Type of Container: N/A									
First Responder / A	gency on Scer	ne: Cit	ty of Salinas	s- Publ	lic Works	;			
Incident Commander: Ray Lerma Age			Agenc	ency / Telephone: (831)758-7150					
Other Responding	Personnel / Aç	jencie	s / Telepho	ne:					
N/A									
() -		()	-			() -		
Source Investigation Conducted? Yes				Source Identified? Yes					
Responsible City of Salinas Party									
Information:	(831)758-7150								
Vehicle Information: NA		Cal-	Cal-EMA Control #: 21-0596			NRC #: N/A			
Other Notifications:									
☑ RWQCB	Air District	t	☐ MRWP	CA	☐ DF	☐ DFG		□NOAA	

⊠ Cal-EMA	☐ FED EPA	□DHS	Health Officer	
-				ewer main, there was a
• • •	•	s of sewage out of a		
		impacted by the rel		
•) gallons of sewage lapped and contained		
		* *		stopped, and clean up
				ed to the site at 4:20PM
•	-			ne sewage spill. Pictures
were also taken. S	ewage spill was cor	ntained at the time,	and the City of Salir	nas- Public Works was in
-		the area. Follow-up	will be conducted of	on 2/2/2021 to ensure the
area is cleaned and	d disinfected.			
Incident Status:				
	urther Action	□He	alth Department Fo	ollow-up Warranted
□ Referred to an	other Agency or D	epartment for follo	w-up: City of Salir	nas- Public Works. Ray
Lerma. 831-758-7	'150			
Contact informat	ion: Kyler Asato, 8	31-755-4505		
Action taken: Wil	I Conduct Follow-ι	лр		
	<i>(</i>).			
	OK	ler asato		
Form Com	pleted By:	ec was	2/2/20	<u>21</u>
	Kyler As	ato, EHS I - Traine	e <i>Date</i>	
FOR LOCA	L AGENCY USE O	NLY		
I HEREBY (CERTIFY THAT I A	M A DESIGNATED	GOVERNMENT EN	MPLOYEE AND
THAT I HA	VE REPORTED TH	IS INFORMATION	TO LOCAL OFFICIA	ALS PURSUANT
TO SECTIO	ON 25180.7 OF THE	E HEALTH AND SA	FETY CODE.	
			0/0/00	24
				
KIC Encarna	acion <i>, REHS</i> , MPH		L	Date

ACTIVITY LOG						
Date	Activity	Specialist	Start	Stop	Total	
2/1/21		Kyler Asato & America Leon	3:40PM	5:00 PM	1hr 20 Min	
2/2/21			10:30AM	11:15AM	45 Mins	

Acting Director of Environmental Health

Invoice Sent to Responsible Party for Total Hours TOTAL			2Hr 5 Min
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