| 21-010                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                             |                                     |                                             |                                                   |                |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------|---------------------------------------------------|----------------|-----------------------------------|
| CO-22837                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             |                                     | ice Emergency S                             |                                                   |                |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                      | Haza                                                                                                                                                        | rdous Ma                            | aterials Spil                               | l Repor                                           | t              |                                   |
| <b>DATE:</b> 01/31/2021<br><b>TIME:</b> 1555                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             | RECEIVED                            | BY: CONTROL#:<br>Cal OES - 21-0564<br>NRC - |                                                   |                |                                   |
| 1.a. PERSON N                                                                                                                                                                                                                                                                                                                                                                                        | OTIFYING Ca                                                                                                                                                 | l OES:                              |                                             |                                                   |                |                                   |
| 1. NAME:                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             | epartment of                        | 3. PHONE#:                                  | 4. Ext:                                           | 5. P.          | AG/CELL:                          |
| 1 L DEDGON D                                                                                                                                                                                                                                                                                                                                                                                         | Parks and Re                                                                                                                                                |                                     | want from aborra).                          |                                                   |                |                                   |
| 1.D. PERSON R<br>1. NAME:                                                                                                                                                                                                                                                                                                                                                                            | 2. AGENCY                                                                                                                                                   |                                     | erent from above):<br>3. PHONE#:            | 4. Ext:                                           | 5 P            | AG/CELL:                          |
| 2. SUBSTANCE                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |                                     | <b>5.1 HOILE</b> <i>m</i> .                 | <b>7.</b> 12AL                                    | J. I .         |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                      | TY:>= <amount< td=""><td>Measure</td><td>c. TYPE:</td><td>d.<br/>OTHER</td><td>e.<br/>: PIPELI</td><td>f. VESSEL<br/><sup>NE</sup> &gt;= 300</td></amount<> | Measure                             | c. TYPE:                                    | d.<br>OTHER                                       | e.<br>: PIPELI | f. VESSEL<br><sup>NE</sup> >= 300 |
|                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                             |                                     |                                             |                                                   |                | Tons                              |
| <b>1.</b> Diesel, = fuel                                                                                                                                                                                                                                                                                                                                                                             | 150                                                                                                                                                         | Gal(s)                              | PETROLE                                     | UM                                                | No             | No                                |
| 2. =                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |                                     |                                             |                                                   | No             | No                                |
| 3. =<br>g. DESCRIPTIO                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                             |                                     | al boat ran aground                         |                                                   | No             | No                                |
| Parks and Recreation, Moss Landing Harbor Master, and the U.S<br>Coast Guard. The cause of the incident is under investigation. The<br>single operator/occupant exited the vessel without injury and no<br>fires were reported. During the incident, an estimated 150 gallon<br>of diesel fuel was released into the waterway of the harbor. A<br>cleanup and vessel recovery are being coordinated. |                                                                                                                                                             |                                     |                                             | estigation. The<br>njury and no<br>ed 150 gallons |                |                                   |
| h.                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                             | i. WATER                            | j. WATERW                                   | -                                                 |                | G WATER                           |
| STOPPAGE/CONTAINMENT:INVOLVEI                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                             |                                     | IMPACTED                                    |                                                   |                |                                   |
| Unknown if stop<br>contained                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             | f Yes                               | Moss Landing<br>Harbor                      | No                                                |                |                                   |
| I. KNOWN IMP                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             | Unknown                             |                                             |                                                   |                |                                   |
| 3. a. INCIDENT<br>b. CITY:                                                                                                                                                                                                                                                                                                                                                                           | LOCATION:                                                                                                                                                   | c. COUNTY                           |                                             |                                                   |                |                                   |
| Moss Landing                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             | Monterey                            | u. 211 .                                    | MON                                               | TEREY          | BAY UNIFIED                       |
| -                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                             | County                              |                                             | APCI                                              |                |                                   |
| 4. INCIDENT D                                                                                                                                                                                                                                                                                                                                                                                        | DESCRIPTION                                                                                                                                                 |                                     | CLEEP                                       |                                                   |                |                                   |
| a. DATE:                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                             | <b>b. TIME</b> ( <i>Military</i> ): | c. SITE:                                    |                                                   |                | D CAUSE                           |
| 01/31/2021                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                             | 1528<br>6 EATALI                    | Waterways                                   | Unkn                                              |                | DV.                               |
| e. INJURIES                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                             | f. FATALII                          | U U                                         |                                                   |                | DI:                               |
|                                                                                                                                                                                                                                                                                                                                                                                                      | ION INFORM                                                                                                                                                  |                                     | 110                                         | UIKI                                              | C ## 11        |                                   |
| a. ON SCENE:<br>USCG, Other                                                                                                                                                                                                                                                                                                                                                                          | NoNoUnknown6. NOTIFICATION INFORMATION:<br>a. ON SCENE:b. OTHER ON SCENE:c. OTHER NOTIFIED:                                                                 |                                     |                                             |                                                   |                |                                   |

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

# MCHD # <u>21-010</u> CO22837

| Incident Date:                                          | 1/31/2021                                                                   |                  |       | Incident Time: 3:28 P.M.                                            |      |      |
|---------------------------------------------------------|-----------------------------------------------------------------------------|------------------|-------|---------------------------------------------------------------------|------|------|
| Incident Type:                                          | Hazardous Material<br>Suspected Bioterrorist Threat<br>Clandestine Drug Lab |                  |       | <ul> <li>Sewage</li> <li>Restaurant Fire</li> <li>Other:</li> </ul> |      |      |
| Time Notified: 4:50                                     | p.m.                                                                        |                  |       | Time Completed: 5:15 p.m.                                           |      |      |
| Location: Moss Lar                                      | nding Harbor                                                                |                  |       | City: Moss                                                          | Land | ling |
| Hazardous Materia                                       | I: Diesel                                                                   |                  |       | Quantity: 10-20 Gallons                                             |      |      |
| Physical Properties                                     | : Petroleum                                                                 |                  |       | Physical / Health Hazards: Irritant                                 |      |      |
| Land Use: Commercial Direct/Constructed Found: No       |                                                                             |                  | ed Co | onnections Entered Storm Drain System/Receivin<br>Waters: Yes       |      |      |
| Environment Affected: Harbor water                      |                                                                             |                  |       | Weather / Temperature: 70                                           |      |      |
| Type of Container: Boat                                 |                                                                             |                  |       |                                                                     |      |      |
| First Responder / Agency on Scene: Harbor Master Team   |                                                                             |                  |       |                                                                     |      |      |
| Incident Commander: Tommy Razzeca, Harbor<br>Master Age |                                                                             |                  | Age   | ency / Telephone: (831)633-5417                                     |      |      |
| Other Responding Personnel / Agencies / Telephone:      |                                                                             |                  |       |                                                                     |      |      |
| CA Dept of Parks<br>Recreation                          | &                                                                           | U.S. Coast Guard |       |                                                                     |      |      |
| ( ) -                                                   |                                                                             | ( ) -            |       |                                                                     | ( )  | -    |

| Source Investigation Conducted? Yes            |  |                                                        | Source Identified? Yes         |        |  |
|------------------------------------------------|--|--------------------------------------------------------|--------------------------------|--------|--|
| Responsible Party<br>Information:<br>- Invoice |  | n Responsible Party ,<br>Address: City, S<br>, E-Mail: | c/o Tommy R<br>State, Zip Code |        |  |
| Vehicle Information:                           |  | O.E.S. Control #: 21-0564                              |                                | NRC #: |  |

| Other Notifications: |              |        |                  |                    |  |  |  |
|----------------------|--------------|--------|------------------|--------------------|--|--|--|
| RWQCB                | Air District | MRWPCA | 🗌 DFG            | □ NOAA             |  |  |  |
| 🛛 Cal-EMA            | 🗌 FED EPA    |        | 🛛 Health Officer | 🛛 U.S. Coast Guard |  |  |  |

**Narrative:** On Sunday, January 31, 2021 at 4:50 p.m., Monterey County Environmental Health Bureau received a call from California Office of Emergency Services regarding a recreational boat ran aground in the Moss Landing Harbor District. The cause of the incident is under investigation. It was estimated by the reporting party that 150 gallons of diesel was released. According to Mr. Razzeca , Harbor Master the boat was a 14 foot-type that would only have the capacity to hold 30 gallons. Mr. Razzeca was on scene and did not see a whole lot of petroleum sheen and he estimated that between 10-20 gallons may have released. The diesel spilled on the sand and waters carried most back into the harbor waters. Cleanup was underway by both Department of Parks and Recreations and U.S. Coast Guard. No response by this department was requested or required.

## Incident Status:

Mitigated No Further Action

Health Department Follow-up Warranted

Referred to other Agency or Department for follow-up: Contact information: Action taken:

Pube DB. Semanle

Form Completed By:

Robert Fernandez, R. E. H. S. III

<u>2-3-2021</u> 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.

*Ric Encarnacion, REHS, MPH Acting Director of Environmental Health*  <u>02/04/</u>2021 *Date* 

| ACTIVITY LOG |                   |              |           |           |       |  |
|--------------|-------------------|--------------|-----------|-----------|-------|--|
| Date         | Activity          | Specialist   | Start     | Stop      | Total |  |
| 1/31/2021    | Notification Only | Fernandez, R | 4:50 pm   | 5:15 pm   | .25   |  |
| 2/3/2021     | Report Writing    | Fernandez, R | 1:15 p.m. | 1:45 p.m. | .30   |  |
|              |                   |              |           |           |       |  |
|              |                   |              |           |           |       |  |
| - TOTAL:     |                   |              |           |           | .55   |  |

MCHD 21-010, CO22837

Revised Jan. 2021

# d. ADMIN. AGENCY: Monterey County Health Department f. ADDITIONAL COUNTY: h. NOTIFICATION LIST: i. Cal GEM:

## e. SEC. AGENCY:

## g. ADMIN. AGENCY:

j. RWQCB Unit:3

k. Cal OES Region:

AA/CUPA, DTSC, RWQCB, US EPA, USFWS, DFG-OSPR, COASTAL COM, CDPH-D.O., LANDS, PARKS & REC, USCG, Co/WP, Co/Hlth, Co/E-Hlth

Photo Attachment:

#### 

Created by: Warning Center on: 01/31/2021 03:55:13 PM Last Modified by: Warning Center on: 01/31/2021 04:15:41 PM

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