



ENTERED

COMPLAINT, INCIDENT, AND NOTIFICATION REPORT FORM

Type (Circle One): C I N CASE NUMBER: 18-11-18 -01

Received Date: 11/18/18 Received Time: 9:00AM Received By: JP Lead: JP

Incident Date: 11/18/18 Incident Time: 3:55AM Assigned to: Assigned Date:

COMPLAINANT / REPORTING PARTY:

Name: COMM-1 RP is from Facility Anonymous

Organization:

Primary Phone Number: 925-646-2441 Secondary Phone Number:

Email:

Address:

City: State: Zip Code:

FACILITY / LOCATION OF INCIDENT:

Name: CUPA Facility I.D.:

Phone Number:

Address: 524 MORAGA WAY Unit:

City: ORINDA State: CA Zip Code: 94563

Location Description:

INITIAL INCIDENT DESCRIPTION:

AN UNKNOWN AMOUNT OF THE FIREWATER RUN-OFF IMPACTED A NEARBY CREEK

INCIDENT TYPE / DESCRIPTION:

Community Warning System Level (Circle Highest Level): N/A 0 1 2 3

FACILITY	ISO / MCAR	TRANSPORTATION	MISCELLANEOUS
<input type="checkbox"/> Fire or Explosion	<input type="checkbox"/> Fatality (one or more)	<input type="checkbox"/> Tank Truck	<input checked="" type="checkbox"/> Storm Drain/Creek
<input type="checkbox"/> Spill or Release	<input type="checkbox"/> > 24 hrs. Hospital, 3 or more people	<input type="checkbox"/> Railroad	<input type="checkbox"/> Drug Lab
<input type="checkbox"/> Startup or Shutdown	<input type="checkbox"/> Flammable Vapor Cloud > 5,000 lbs.	<input type="checkbox"/> On Water	<input type="checkbox"/> Disposal/Abandonment
<input type="checkbox"/> Flaring		<input type="checkbox"/> Pipeline	<input type="checkbox"/> Odor Complaint
<input type="checkbox"/> Upset		<input type="checkbox"/> Fuel Tank	<input type="checkbox"/> Other:

Time Enroute to Scene: 9:12 AM Time Arrived On Scene: 9:41 AM Time Departed From Scene: 10:45 AM

REFERRED TO OTHER AGENCY:



DTSC STATE FUNDING (if applicable): CLU/ERER Number:	STORMWATER STATUS (if applicable): <input checked="" type="checkbox"/> Actual Discharge <input type="checkbox"/> Potential Discharge
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AGENCIES ON SCENE OR NOTIFIED:

Agency Type	Agency	O/N	Contact Person	Phone Number	Case Number
Fire Department	MORAGA-ORINDA FIRE DISTRICT	O	BC JERRY LEE	925-698-4514	
Law Enforcement	MORAGA POLICE DEPARTMENT	O			
Air District					
State OES	CAL OES	N	RANDALL PEREZ	916-845-8911	18-7824

REPORT:

At approximately 9:00 AM, Contra Costa Health Services Hazardous Materials Program (CCHSHMP) received a request to respond to a firewater runoff incident in Orinda from Contra Costa Sheriff Department (COMM-1).

At 9:12 AM, AA was enroute to the scene in a personal vehicle.

At 9:37 AM, HM3 (JP & I W) was enroute to the scene.

At 9:41 AM, AA arrived on scene.

At 10:01, HM3 arrived on scene.

CCHSHMP met Mogara-Orinda Fire District Battalion Chief (BC) Jerry Lee. BC Lee stated that the fire started at around 3:55 AM and was putted out around 5:00 AM. BC Lee stated that he estimated about 30,000 gallons water were released. CCHSHMP assisted the Mogara-Orinda Fire District with the firewater runoff that impacted the nearby creek. CCHSHMP measured the pH levels at the outfall in front of the house. The pH reading was between 6-8. CCHSHMP observed that the water was clear and did not observe any fire debris. CCHSHMP took two pH readings down stream and about at approximately 200 feet from the house. The pH readings were about 7. CCHSHMP observed that the water was clear and did not observe any fire debris. CCHSHMP made a CAL OES notification.

AA departed the scene at 10:40 AM.

HM3 departed the scene at 10:45 AM.

Additional Required Items: Bill of Lading, Request for Invoice, and Site Safety Plan

Report Prepared by: JP

Hung T. Pham

From: Warning Center <Warning.Center@oes.ca.gov>
Sent: Sunday, November 18, 2018 11:33 AM
To: Hung T Pham
Subject: [EXTERNAL] Hazardous Materials Spill Report: Cal OES Control #:18-7824

Please confirm receipt via email or call 916-845-8911.

Governor's Office of Emergency Services
Hazardous Materials Spill Report

DATE: 11/18/2018 | RECEIVED BY Cal OES: Randall Perez | Cal OES
CNTRL #:18-7824

TIME: 1009 | RECEIVED BY OSPR: | NRC#:

1.a. PERSON NOTIFYING Cal OES

1. NAME: John Pham | 2. AGENCY: Contra Costa County Health
Services Department
3. PHONE #: 925-335-3200 | 4. EXT: | 5. PAGER #:

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

1. NAME: | 2. AGENCY:
3. PHONE #: | 4. EXT: | 5. PAGER #:

2. SUBSTANCE TYPE:

a. SUBSTANCE: / b.QTY: / Amount / Measure / c. TYPE / d. OTHER / e.
PIPELINE / f. Vessel Over => 300 tons

1. Run-off, firewater / = / 30,000 / Gal(s) / OTHER / Potable water / No / No

2.

3.

g. DESCRIPTION: A residential structure fire occurred in the city of Orinda. The Orinda fire and police departments responded to the scene. As a result of the fire, one fatality was reported. An estimated 30,000 gallons of water was used by the fire department to extinguish the fire. An unknown amount of the firewater run-off impacted a nearby creek.

The Contra Costa County Health Services Department responded to the scene.

Personnel walked approximately 250 feet downstream of the firewater entry point. No debris was observed. A pH test was performed at several locations along the creek utilizing pH Testing Strips. The test readings were between 6-8. It was determined the firewater run-off was unrecoverable and no further action is expected.

h. CONTAINED: Stopped | i. WATER INVOLVED: Yes

j. WATERWAY: Creek (name unknown) | k. DRINKING WATER IMPACTED: No

l. KNOWN IMPACT: Unknown

3.a. INCIDENT LOCATION: 524 Moraga Way
b. CITY: Orinda | c. COUNTY: Contra Costa County | d. ZIP:

4. INCIDENT DESCRIPTION:
a. DATE: 11/18/2018 | b. TIME(Military): 0355 | c. SITE: Residence
| d. CAUSE: Other Reason for Other: Structure fire
e. INJURIES: No | f. FATALITY: Yes | g. EVACUATIONS: No | h.
CLEANUP BY: Unknown
e. INJURIES #: | f. FATALS #: 1 | g. EVACS #:

5. SUSPECTED RESPONSIBLE PARTY:
a. NAME: Unknown | b. AGENCY:
c. PHONE#: | d. EXT:
e. MAIL ADDRESS:
f. CITY: | g. STATE: CA | h. ZIP:

6. NOTIFICATION INFORMATION:
a. ON SCENE: Fire Dept., Police Dept. | b. OTHER ON SCENE: Contra
Costa County Health Services Department
c. OTHER NOTIFIED: None
d. ADMIN. AGENCY: Contra Costa County Health Services Department e. SEC. AGENCY:
f. ADDITIONAL COUNTY: g. ADMIN. AGENCY:
h. NOTIFICATION LIST: DOG Unit: | RWQCB Unit: 2

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

CONFIDENTIAL REMARKS:

Created by Warning Center on 11/18/2018 10:09:06 AM Last
Modified by Warning Center on 11/18/2018 11:32:40 AM

California State Warning Center
Governor's Office Emergency Services
Phone: (916) 845-8911
Warning.Center@oes.ca.gov

Link to Spill Report:
https://urldefense.proofpoint.com/v2/url?u=http-3A__w3.calema.ca.gov_operational_malhaz.nsf_SpillAllDocs_32EA6778F51FF33B882583490063B617-3F0penDocument&d=DwlBAG&c=RpR9LiQNIoGO8A8CMgA1NQ&r=TXtfy313LMOLhTFpsVCvqGVgTcyOC4NRLkTT7bOXelU&m=3oY9USD7rzzz2wYAYtqey4GTE77U2GA5igJ7HZmoR5k&s=TtGZjoBKvu-6to-wgWb-971SQb310GzLFiEtvJT6YWg&e=