

State of Wisconsin Substance Release Notification Form

24-Hour Emergency Hotline Number: 1-800-943-0003

Form 4400-91 Rev. 11-95

Date and Mil. Time of Incident <u>5-24-98</u>	Date and Mil. Time Reported <u>5-26-98 - 11:00</u>
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Person Reporting <u>Bill Gustafson</u>	Telephone # <u>(715) 398-3533</u>
Representing Agency, Firm, or Citizen <u>Murphy Oil USA</u>	
Responsible Party <u>Murphy Oil USA</u>	
Contact Name <u>Bill Gustafson</u>	Telephone # ()
Address <u>2400 Srinson Ave</u>	City, State, Zip Code <u>Superior, WI 54880</u>

Substance Involved <u>Petroleum</u>	Amount & Units Released <u>unknown</u>	Amt. Recovered <u>100-150 yds³</u>	Is this a 304 (11004 42 USC) spill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Color _____ Odor _____			

Exact Location (inc. address, facility name, mileage, bldg. #, etc.) <u>Forum Tank 1 and 2, East of No 2 Cooling Tower</u>		
City <u>Superior</u>	County <u>Douglas</u>	Lat/long _____
DNR Region <u>NOR</u>	<u>1/4</u> <u>1/4</u> sec <u>T</u> NR (E/W)	Weather Cond. _____

Cause of Incident unknown, Gustafson searched past historical spillage

Spilled Substance Impact To: Check (✓) all that apply <input type="checkbox"/> Air <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other: _____	Spill Source: <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Ag Coop/Facility/Food Factory/Facility <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer, Repair Shop <input checked="" type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Other _____	Action Taken By Spiller <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Cleanup Method: <u>excavation</u> <input type="checkbox"/> Waste Destination: _____ <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: _____ <input type="checkbox"/> Other: _____
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Injuries? Yes No If yes, how many? _____ Has an evacuation occurred? Yes No Potential? Yes No

Are there any resource damages? Yes No What kinds? _____

Other Agencies Notified (✓ first column if notified); Check (✓) both columns if on scene <input type="checkbox"/> Fire Department/Hazmat <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emer. Gov. <input type="checkbox"/> Nat'l Resp. Ctr. 800-442-8802 <input type="checkbox"/> LEPC or Local Emer. Gov. <input type="checkbox"/> DATCP 608-224-4500 <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Regional Response Team <input type="checkbox"/> DHSS 608-266-2830 <input type="checkbox"/> Other _____	Incident Commander, if known: _____ Phone: _____
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Prepared By:(Print) <u>Jim Hoch</u>	(Sign) <u>Jim C. Hoch</u>	Date: <u>5/26/98</u>	Rpt'd to DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Person Notified:	Region Notified:	Time:	Date:
Invstgtd By:(Print)	(Sign)	Date:	Site Closed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Spill Coordinator Signoff:	Date:	Transferred to ERP? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes; Case # _____	NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

State of Wisconsin Substance Release Report (Con't)
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Date and Military Time of Incident	Responsible Party
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Additional Comments:

Hosch informed Gustafson that he needs to
call 1800 943-0003 to report spills.