

Spill ID Number  
04-16-20E440  
Y Y M M D D 0-99

Date of Incident 05-21-92	Day of Week Thurs	Time of Incident 16:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) Marsha Patellee	Telephone Number ( 218 ) 628-1518
Date Reported 05-22-92	Day of Week Friday	Time Reported 8:44	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting American Engineering	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved Vet Clinic Waste Water		Quantity 180	Units gallons	Person or Firm Responsible Unknown (Murphy Oil owns the property)	
Substance Involved		Quantity	Units	Contact Name Gary Andelin, Murphy Oil	Telephone Number ( )
Physical Characteristics				Address - Street or Route	
<input checked="" type="checkbox"/> Solid		<input checked="" type="checkbox"/> Liquid		Corner of E. 2nd St. & 30th Ave. E.	
<input type="checkbox"/> Semisolid		<input type="checkbox"/> Gas		City, State, Zip Code Superior WI 54880	
Cause of Incident				Action Taken By Spiller	
Exact Location Description (intersection, mileage, etc.) Corner of E. 2nd St. & 30th Ave. E. Superior				<input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate	
County Location Douglas		¼, ¼, Section, Town, Range ____, ____, ____, T ____ N, R ____		<input checked="" type="checkbox"/> Containment; Type <u>containerize free liquid &amp; covered</u>	
DNR Dist NWD	DNR Area BRL	Groundwaters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential		<input type="checkbox"/> Cleanup; Method _____	
Surface Waters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Potential		Name of Surface Water Nemadji River		<input type="checkbox"/> Amount Recovered _____	
Date District Notified 05-22-92	Day of Week Friday	Time District Notified 08:44	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> Monitor _____	
District Person Notified Marcia Johnson		Telephone Number ( 715 ) 635-4051		<input checked="" type="checkbox"/> Contractor Hired; Name <u>American Engineering, Duluth MN</u>	
Date Investigated 05-22-92	Day of Week Friday	Time Investigated 13:00	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	<input checked="" type="checkbox"/> Other Action <u>Covered site</u>	
Person Investigating Steve LaValley		Telephone Number ( 715 ) 392-7831		Spill Location	
Action Taken By DNR				<input type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co.	
<input type="checkbox"/> No Action Taken		<input checked="" type="checkbox"/> Investigation		<input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop	
<input type="checkbox"/> Spiller Required To Take Action; Type _____		Characterize waste & contain- ize waste. Determine extent of contamination		<input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery	
<input type="checkbox"/> Contractor Hired By DNR; Name _____		Amount Recovered _____		<input type="checkbox"/> Other Small Business (bank, grocery, insurance co., etc.)	
<input type="checkbox"/> 29.29 Enforcement		Other Agencies on Scene		<input type="checkbox"/> Public Property (city, county, state, church, school, etc.)	
Local _____		State _____		<input type="checkbox"/> Utility Co., Power Generating/Transfer Facility	
Federal _____		Person Filing This Report (print name) Steve LaValley		<input type="checkbox"/> Private Property (home/farm)	
Additional Comments:		Signature <i>Steve LaValley</i>		<input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler	
Appears to be 180 gallon cistern used to filter medical waste from veterinary clinic.		Date Signed 05-27-92		<input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill	
Head space on soils near tank 10.6 ppm. Oily sheen on water. Pumping and containerizing liquids, they were told to test for 8010, 8020 or 8021, total on heavy metals and				<input type="checkbox"/> Transportation Accident, Load Spill	
				<input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine	
				<input checked="" type="checkbox"/> Other <u>Former Veterinary Clinic</u>	
				Spilled Substance Destination	
				<input type="checkbox"/> Air	
				<input checked="" type="checkbox"/> Soil	
				<input type="checkbox"/> Groundwater	
				<input type="checkbox"/> Surface Water	
				<input type="checkbox"/> Storm Sewer	
				<input type="checkbox"/> Sanitary Sewer	
				<input type="checkbox"/> Contained/Recovered	
				<input type="checkbox"/> Other _____	

*See on back sheet  
last page of report*