

State of Wisconsin Substance Release Notification Form
Department of Natural Resources Form 4400-91 (Rev. 12-04, e-form)
24-Hour Emergency Hotline Number: 1-800-943-0003

Date & Military Time of Incident: 12/07/2005 1030hrs		Date & Military Time Reported: 1056hrs		Spill File # NOR12072005-1 BRRTS # <i>04-16-544789</i>	
Person Reporting: KELLY CRESAP		Representing: MURPHY OIL COMPANY		Phone # 715-398-3533 Fax #	
Responsible Party (RP) / Spiller: MURPHY OIL COMPANY		RP Decision Based On:		Phone # 715-398-3533 Fax #	
RP Address: 2400 STINSON AVENUE				City State Zip Code SUPERIOR WI 54880-	
RP Contact Name & Title: DICK LOWNE / AREA SUPERVISOR				Phone # 715-398-8217 Fax #	
Substance Involved: OIL #6		Amount & Units Released: 70 GALLONS <i>-100 gallons</i>		Amount & Units Recovered: NONE	
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas		Color: Odor:			
Exact Location Of Incident: (including street name, bldg. #, mileage, etc.) 2400 STINSON AVE - TANK 52 DECK AREA				Facility Name / Property Owner:	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township SUPERIOR		County DOUGLAS		Latitude/Longitude deg. ' " , deg. ' "	
DNR Region: NOR		<i>1/4 1/4 Sec 36 T 49 R 14</i> <input type="checkbox"/> E <input checked="" type="checkbox"/> W		Weather Conditions: CLEAR	
Cause of Incident: TANK FAILURE					
Spilled Substance Impact To: (check X all that apply)		Spill Cause and/or Site:		Action Taken By Spiller:	
<input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Potential <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input type="checkbox"/> Private Well <input type="checkbox"/> Potential <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Potential <input type="checkbox"/> Surface Water <input type="checkbox"/> Potential Name: <input type="checkbox"/> Other:		<input type="checkbox"/> Ag Coop/Food Factory <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Gas/Service Station/Garage/Auto Dealer/Repair Shop <input type="checkbox"/> Hydraulic Line Break <input checked="" type="checkbox"/> Industrial Facility <input type="checkbox"/> Paper Mill <input type="checkbox"/> Chemical Co. <input type="checkbox"/> Pipeline/Terminal/Tank Farm/Oil Jobber/Wholesaler <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Public Property (city, state, church, school, etc.) <input type="checkbox"/> Transportation Accident, Fuel Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Utility Co. Power Generating/Transfer Facility <input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Cleanup Method: <input type="checkbox"/> Absorbent <input type="checkbox"/> Excavation <i>3 to 4 yds</i> <input checked="" type="checkbox"/> <i>Scraped area</i> <input type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired <i>vacuumed liquid</i> Name: <input type="checkbox"/> Monitor <input type="checkbox"/> No Action Needed <input type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Waste Destination: <i>onsite storage area</i> <input checked="" type="checkbox"/> Other: <i>SCRAPING awaiting disposal</i>	
Injuries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes how many?		Has An Evacuation Occurred? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Potential? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are There Any Resource Damages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential What Kind?					
Other Agencies Notified: (check first column, if notified; check both columns, if on the scene)				Incident Commander:	
<input checked="" type="checkbox"/> Fire Department <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> LEPC or Local Emer. Mgt. <input checked="" type="checkbox"/> Level A/Level B Team		<input type="checkbox"/> Local DNR <input type="checkbox"/> Div. Emerg. Mgt. <input checked="" type="checkbox"/> Coast Guard <input type="checkbox"/> DHFS 608-258-0099		<input type="checkbox"/> EPA <input type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input type="checkbox"/> Chemtrec 800-424-9300 <input checked="" type="checkbox"/> Other: NRC	
Prepared By: MATTHEW BAKER		Phone # 608-267-0844		Date: 12/07/2005	
Person Notified: JOHN KRULL		Phone #		Date: 12/07/2005 Time: 1106	
Investigated By:		Sign:		Date:	
Spill Coordinator Signoff: <i>Norman Dunbar</i>		Date: <i>12/22/05</i>		Rpt'd To DATCP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Tnsfed. To DATCP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Spill Packet Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: To: Transferred to ERP <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Case #	
				NFA Letter Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: Incident Closed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date: <i>12/22/05</i>	
<input type="checkbox"/> See Additional Comments On Reverse (Please, print page 2 of 2)					

Date and Military Time Of Incident: hrs	Responsible Party:
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Additional Comments :

Case Activity Report: Yes No **CAR#:** _____ (Please, attach copy of all CAR and other documentation)

Enforcement Action: Yes No (Explain Below)