

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>01-12-99 0800</u>	Date and Mil. Time Reported <u>01-12-99 0930</u>
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Person Reporting <u>Frasure Ship Yards</u>	Telephone # <u>(715) 394-7787</u>
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Representing Agency, Firm, or Citizen

Responsible Party Interlake Steam Ship Company

Contact Name <u>George Woods</u>	Telephone # <u>(810) 904-4053</u>
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Address <u>4199 Kinross Lakes Parkway</u>	City, State, Zip Code <u>Richfield, Ohio 44286-9372</u>
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Substance Involved <u>lube oil D.T.E. heavy medium</u>	Amount & Units Released <u>15 gallons</u> <sup>or less</sup>	Amt. Recovered <u>All</u>	Is this a 304 (11004 42 USC) spill? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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Solid  Semisolid  Liquid  Gas      Color \_\_\_\_\_ Odor \_\_\_\_\_

Exact Location (inc. address, facility name, mileage, bldg. #, etc.)  
Frasure Ship Yards, Third Street and Clay Avenue

City <u>Superior</u>	County <u>Douglas</u>	Lat/long _____
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DNR Region <u>NO</u>	% <u>1/4</u> <u>1/2</u> <u>3/4</u> <u>T</u> <u>NR</u> (E/W)	Weather Cond. _____
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Cause of Incident  
Automatic oil bilge pump on board ship pumped oil onto ice

<b>Spilled Substance Impact To:</b> Check (✓) all that apply <input type="checkbox"/> Air <input type="checkbox"/> Potential <input type="checkbox"/> Soil <input type="checkbox"/> Potential <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential <input checked="" type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Potential Name: <u>St. Louis Bay</u> <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 checked="" type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other: _____	<b>Spill Source:</b> <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 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 checked="" type="checkbox"/> Other _____	<b>Action Taken By Spiller</b> <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Action Needed <input type="checkbox"/> Monitor <input type="checkbox"/> Cleanup Method: _____ <input type="checkbox"/> Waste Destination: _____ <input type="checkbox"/> Containment <input checked="" type="checkbox"/> Contractor Hired Name: <u>JJD</u> <u>Interprises</u> <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 checked="" type="checkbox"/> Other <u>Coast Guard</u>	Incident Commander, if known: _____ Phone: _____
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Prepared By: (Print) John A. Kull (Sign) John A. Kull Date 01-15-99 Rpt'd to DATCP?  Yes  No

Person Notified: N.A. Region Notified: N.A. Time: N.A. Date: N.A.

Invstgtd By: (Print) John A. Kull (Sign) John A. Kull Date 01-15-99 Site Closed?  Yes  No JAH  
1-15-99

Spill Coordinator Signoff: <u>James G. Houch</u> <u>1-15-99</u>	Date: _____ Transferred to ERP? <input checked="" type="checkbox"/> No <input 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
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Additional Comments on Reverse

PLEASE PRINT

State of Wisconsin Substance Release Report (Con't)  
Form 4400-91 Rev. 11-95

Date and Military Time of Incident 01-12-99 0800

Responsible Party Inter Lake Steam Ship

Additional Comments:

Contacted George Woods by telephone on 01-15.

Ship in question lost power, gravity drained  
lube oil into sump area until over-flow into  
bilge. When ship regained power, automatic  
bilge pump pumped oil onto ice.

Date and Mil. Time of Incident 13 Jan 99 400 Date and Mil. Time Reported 13 Jan 99 0925

Person Reporting George Woods Telephone # (810) 904-4053

Representing Agency, Firm, or Citizen Interlake Steam Ship Co.

Responsible Party Interlake Steam Ship Co.

Contact Name George Woods Telephone # (330) 659-1407 (after hours)

Address 4199 Kinross Lakes Pkwy City, State, Zip Code Richfield, OH 44286-9372

Substance Involved Lubricating Oil Amount & Units Released 10.5 gal Amt. Recovered 9.970 Is this a 304 (11004 42 USC) spill?  Yes  No  Unknown

Solid  Semisolid  Liquid  Gas Color yellowish Odor None

Exact Location (inc. address, facility name, mileage, bldg. #, etc.) Fraser Freighter Ship Yard 3rd St. + Clough ave.

City Superior County Douglas Lat/long \_\_\_\_\_

DNR Region NRW 1/4 1/4 sec T NR (E/W) Weather Cond. \_\_\_\_\_

Cause of Incident Boilers tripped out causing material to overflow the scump DNR SUPERIOR

<p><b>Spilled Substance Impact To:</b>                  Check <input checked="" type="checkbox"/> all that apply  <input type="checkbox"/> Air <input type="checkbox"/> Potential  <input type="checkbox"/> Soil <input type="checkbox"/> Potential  <input type="checkbox"/> Groundwater <input type="checkbox"/> Potential  <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Potential                  Name: <u>Superior Harbor</u>  <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: _____</p>	<p><b>Spill Source:</b>  <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 <input type="checkbox"/> Wood Factory/Facility  <input type="checkbox"/> Gas/Service Station/Garage/Shop/Dealer, Repair Shop  <input 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 checked="" type="checkbox"/> Other <u>Boat Bulk Shipping Freighter</u></p>	<p><b>Action Taken By Spiller</b>  <input type="checkbox"/> No Action Taken  <input type="checkbox"/> No Action Needed  <input type="checkbox"/> Monitor  <input type="checkbox"/> Cleanup Method: _____  <input type="checkbox"/> Waste Destination: _____  <input type="checkbox"/> Containment  <input checked="" type="checkbox"/> Contractor Hired                  Name: <u>JD Enterprises</u>  <input type="checkbox"/> Other: _____</p>
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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  Potential What kinds? \_\_\_\_\_

<p><b>Other Agencies Notified</b> (✓ first column if notified); Check (✓) both columns if on scene</p> <table border="0"> <tr> <td><input type="checkbox"/> Fire Department/Hazmat</td> <td><input type="checkbox"/> Local DNR</td> <td><input type="checkbox"/> EPA</td> </tr> <tr> <td><input type="checkbox"/> Local Law Enforcement</td> <td><input type="checkbox"/> Div. Emer. Gov.</td> <td><input checked="" type="checkbox"/> Nat'l Resp. Ctr. 800-442-8802</td> </tr> <tr> <td><input type="checkbox"/> LEPC or Local Emer. Gov.</td> <td><input type="checkbox"/> DATCP 608-224-4500</td> <td><input type="checkbox"/> Chemtrec 800-424-9300</td> </tr> <tr> <td><input type="checkbox"/> Regional Response Team</td> <td><input type="checkbox"/> DHSS 608-266-2830</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Fire Department/Hazmat	<input type="checkbox"/> Local DNR	<input type="checkbox"/> EPA	<input type="checkbox"/> Local Law Enforcement	<input type="checkbox"/> Div. Emer. Gov.	<input checked="" 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 _____	<p><b>Incident Commander, if known:</b> _____                  Phone: _____</p>
<input type="checkbox"/> Fire Department/Hazmat	<input type="checkbox"/> Local DNR	<input type="checkbox"/> EPA											
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<input type="checkbox"/> Regional Response Team	<input type="checkbox"/> DHSS 608-266-2830	<input type="checkbox"/> Other _____											

Prepared By:(Print) Chad Ross (Sign) Chad Ross Date: 13 Jan 99 Rpt'd to DATCP?  Yes  No

Person Notified: John Krull Region Notified: NRW Time: 10:50 Date: 13 Jan 99

Invstgtd By:(Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ Date: \_\_\_\_\_ Site Closed?  Yes  No

Spill Coordinator Signoff: \_\_\_\_\_ Date: \_\_\_\_\_ Transferred to ERP?  No  Yes; Case # \_\_\_\_\_ NFA Letter Sent?  Yes  No  
 Spill Packet Sent?  Yes  No

Date and Military Time of Incident B Jan 99 0900	Responsible Party Interlake Steam Ship Co.
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Additional Comments:

Attempted to contact spills coordinator and local  
Wardens. Superior office currently moving location.  
No phone answer, no mobile answer. Did reach  
Warden John Krull at his home @ 10:50

## NATIONAL RESPONSE CENTER - STATE\*FAX

\*\* GOVERNMENT USE ONLY \*\* GOVERNMENT USE ONLY \*\* GOVERNMENT USE ONLY \*\*

DO NOT RELEASE this information to the public without permission  
from the National Response Center (G-OPF), U. S. Coast Guard  
Headquarters, Washington DC 20593-0001 (202)267-2675.

From: National Response Center  
USCG HQ Washington, D. C.  
1-800-424-8802

To: WI DEPT NAT RES BUREAU OF LAW ENF  
Incident Report # 470404

INCIDENT DESCRIPTION

\*Report taken by MASON at 09:25 on 13-JAN-99  
Incident Type: MARINE  
Incident Cause: EQUIPMENT FAILURE  
Affected Area: SUPERIOR HARBOR Vessel/Vehicle Number: 251505  
The incident occurred on 13-JAN-99 at 08:00 local time.  
Affected Medium: WATER

SUSPECTED RESPONSIBLE PARTY

Name: GEORGE WOODS  
Organization: INTERLAKE STEAM SHIP CO.  
Address: 4199 KINROSS LAKES PKWY  
RICHFIELD, OH 44286-9372  
Day Phone: (810)9044053 Afterhours Phone: (330)6591407  
Type of Organization: PRIVATE ENTERPRISE

INCIDENT LOCATION

FRAZIER SHIP YARD County: DOUGLAS  
3RD ST AND CLOGH AVE  
DOCK NO: UNKNOWN  
SUPERIOR, WI 54880

RELEASED MATERIAL(S)

CHRIS Code: OLB Official Material Name: OIL, MISC: LUBRICATING  
Also Known As:  
Qty Released: 15 GAL(S) Qty in Water: 15 GAL(S)

SOURCE/CAUSE OF INCIDENT

M/V: LEE A TREGURTHA / BOILER TRIPPED OUT CAUSING MATERIAL TO OVERFLOW  
THE SUMP

DAMAGE

Injuries: Fatalities: Evacuations: Damages: Air Close: Road Close:  
N N

REMEDIAL ACTIONS

"JD ENTERPRISES" HAS BEEN CONTRACTED TO CONDUCT THE CLEAN-UP

NOTIFICATIONS BY CALLERNOTIFICATIONS BY NRC

ATSDR MN ATTN: LARRY SOUTHER	(612)2150918
ATSDR WI ATTN: JAMES DREW	(608)2662663
MSO DULUTH PO GALOW	(218)7205286
NOAA 1ST CLASS BB RPTS FOR WI	(206)5266344
MN DEM ATTN: MR KAM	(612)6495451
WI DEPT NAT RES BUREAU OF LAW ENF	(608)2662598

## NATIONAL RESPONSE CENTER - STATE\*FAX

**\*\* GOVERNMENT USE ONLY \*\* GOVERNMENT USE ONLY \*\* GOVERNMENT USE ONLY \*\***

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**ADDITIONAL INFORMATION**SHEEN SIZE: 2FT IN DIAMETER / SHEEN COLOR: YELLOWISH / HARBOR IS FROZEN  
WEATHER: SNOW FLURRIES WIND: UNK TEMP: -2F**\*\*\* END INCIDENT REPORT # 470404 \*\*\***

Report any problems or Fax number changes by calling 1-800-424-8802

PLEASE VISIT OUR WEB SITE AT <http://www.nrc.uscg.mil>