

SUBS ICE SPILL/RELEASE ALERT FORM

04-16-22:5673
911102-03 Closed

Spill No./Notification Date and Military Time <u>91 11 22 16:55</u> YY MM DD TIME	Information should be reported to: Department of Military Affairs Wisconsin Division of Emergency Government 4802 Sheboygan Ave., Room 99A, P.O.Box 7865 Madison, Wisconsin 53707-7865 (608) 266-3232 FAX (608) 266-1569	Date and Military Time of Incident <u>91 11 22 13:00</u> YY MM DD TIME County: <u>DOUGLAS</u>
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REPORTING INFORMATION

Reported by: <u>John Heller</u> (name) Address _____ City _____ State _____ Zip _____ Telephone <u>715-392-2221</u>	Person/Firm Responsible: <u>Coppers Industries INC.</u> Address <u>JUNCTION County Hwy A & Z</u> City <u>Superior</u> State <u>WI</u> Zip <u>54880</u> Telephone _____
Spill Contact Person/Firm: _____ Address _____ (if different from above) Telephone _____ City _____ State _____ Zip _____	

SUBSTANCE INFORMATION

Name of Substance/
Quantity Involved: Creosote 5 gallons (mixed w/water total 15gal)

EHS Chemical CERCLA Chemical Unknown

CAS #	Placard #	Quantity	Solid	Powder	Liquid	Vapor	Gas	Radio-Active	Unknown	Color	Odor
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SITE INFORMATION

Exact Location of Spill/Release (include Street Address, County, City, Village, Town, Highway, Intersection, Mileage, etc.):
FACILITY

<p>Source of Spill</p> <input type="checkbox"/> Transportation <input type="checkbox"/> Manufacture <input type="checkbox"/> Agriculture <input type="checkbox"/> Public Property <input type="checkbox"/> Construction <input type="checkbox"/> Business <input type="checkbox"/> Private Property <input type="checkbox"/> Other _____	<p>Spill Destination</p> <input type="checkbox"/> Soil <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other <input type="checkbox"/> Surface Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet
<p>Weather Conditions</p> Wind Speed and Direction _____ <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	

PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks):
NA

	No	Unknown	Yes	Number	Shelter Location and Name
Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fatalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Facility Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Public Evacuated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shelter facility:					
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other/Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RESPONSE INFORMATION

Local Responder on Scene (Give name of response agencies)

- Fire _____
- Law Enforcement _____
- DNR MR Heller called local DNR
- County EG _____
- EMS _____
- Other: _____

Incident Commander
 Name _____
 Title _____
 Dept. _____
 Telephone _____
 No further follow-up or state assistance required

List of contacts made by responsible party/firm or individual reporting incident:

Agency	Telephone Number	Contact Name
<input type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	_____	<u>SEND IN 11/25/91</u>
<input type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	_____	_____
<input type="checkbox"/> Local Public Health	_____	_____
<input type="checkbox"/> CHEMTREC	<u>1-800-424-9300</u>	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

Narrative: Cause of incident/Actions being taken/Other information:

SUBSTANCE SPILED EARLIER TODAY.
CLEANED UP AT FACILITY

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input type="checkbox"/> DNR (days)	<u>(608) 266-2141</u>	_____
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<input type="checkbox"/> DOT/State Patrol	<u>(608) 246-3228</u>	_____
<input type="checkbox"/> DH&SS	<u>(608) 266-2830</u>	_____
<input type="checkbox"/> DILHR	_____	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	<u>1-800-424-8802</u>	_____
<input type="checkbox"/> Area Director	_____	_____
<input type="checkbox"/> DEG, Dir. Bureau of Field Services and Disaster Resources	_____	_____

INCIDENT FOLLOW-UP (to include date and time)

AGENCY DEFINITIONS

DEG	Div. of Emerg Government	NRC	Nat'l Response Center (Federal Reporting
CHEMTREC	Chemical Transportation Emerg. Center		Environmental Protection Agency US Coast Guard)
DNR	Department of Natural Resources	DILHR	Dept. of Industry, Labor and Human Relations
DOT/State Patrol	Dept. of Transportation	DATCP	Dept. of Agriculture, Trade and Consumer Protection
DH&SS	Dept. of Health & Social Services		

Reminder: If the release is of an EHS or CERCLA chemical at or above the reportable quantity, the responsible party must also submit a follow-up written report per Fed. Statutes, as soon as practicable, to the State Emergency Response Board, Box 7865, Madison, WI 53707-7865, the Local Emergency Planning Committee and the NRC.

Signature of DEG Duty Officer

Alan L. Wohlferd
 Signature of Preparer

266-1892

INCIDENT DESCRIPTION

Report taken by JLR9931 on November 22, 1991 at 17:20.
Incident Type: PIPELINE
Incident Cause: OTHER Affected Medium: LAND
Affected Area: SOIL
The incident occurred on 22-NOV-91 at 13:00 local time.

SOURCE/CAUSE OF INCIDENT

10 INCH UNDERGROUND PIPELINE / RESIDUE SPILLED OUT DURING REMOVAL FROM SERVICE.

INCIDENT LOCATION

JUNCTION OF COUNTY RDS A AND Z
SUPERIOR, WI 54880
County: DOUGLAS

RELEASED MATERIAL(S)

CHRIS Code: CCT CREOSOTE, COAL TAR
Qty Released: 5.00 GAL Qty in Water: .00 NON

DAMAGE

Injuries: 0 Fatalities: 0 Evacuations: 0 Damages: 0

REMEDIAL ACTIONS

REMOVED THE CONTAMINATED SOIL FOR DISPOSAL.

REPORTING PARTY

Job Title: PLANT MANAGER
Organization: KOPPERS INDUSTRIES INC
Address: JUNCTION OF COUNTY RDS
A AND Z
SUPERIOR, WI 54880
Type of Organization: PRIVATE ENTERPRISE
KOPPERS INDUSTRIES INC called for the responsible party.

SUSPECTED RESPONSIBLE PARTY

Job Title: PLANT MANAGER
Organization: KOPPERS INDUSTRIES INC
Address: JUNCTION OF COUNTY RDS
A AND Z
SUPERIOR, WI 54880
Type of Organization: PRIVATE ENTERPRISE

NOTIFICATIONS BY CALLER

NOTIFICATIONS BY NRC

Agency: U.S. EPA V Date: 22-NOV-91 Time: 17:48

ADDITIONAL INFORMATION

WILL NOTIFY EMERGENCY GOVERNMENT AND LEPC.