

Spill ID Number
04-16-048239
Y Y M M D D 0-99

Date of Incident Unknown	Day of Week Monday	Time of Incident Unknown	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) Bill Gustafson	Telephone Number (715) 398-3533
Date Reported 03-22-93	Day of Week Monday	Time Reported 2:30	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting Murphy Oil	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved #5-#6 fuel oil		Quantity 100	Units gallons	Person or Firm Responsible Murphy Oil USA	
Substance Involved		Quantity	Units	Contact Name Bill Gustafson	Telephone Number (715) 398-3533
Physical Characteristics <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas Color _____ Odor _____				Address - Street or Route PO Box 2066 City, State, Zip Code Superior WI 54880	
Cause of Incident Gasket failure				Action Taken By Spiller <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate <input type="checkbox"/> Containment; Type _____ <input checked="" type="checkbox"/> Cleanup; Method <u>Vacuum and dig out soil</u> <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> Monitor _____ <input type="checkbox"/> Contractor Hired; Name _____ <input type="checkbox"/> Other Action _____	
Exact Location Description (intersection, mileage, etc.) Marine fuel loading line at the refinery					
County Location Douglas		1/4, 1/4, Section, Town, Range _____, _____, _____, T _____ N, R _____			
DNR Dist NWD	DNR Area Brule	Groundwaters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Potential			
Surface Waters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential		Name of Surface Water			
Date District Notified 03-22-93	Day of Week Monday	Time District Notified 2:40 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.			
District Person Notified Marcia Johnson		Telephone Number (715) 635-4051			
Date Investigated 03-22-93	Day of Week Monday	Time Investigated 2:30 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.			
Person Investigating Steve LaValley		Telephone Number (715) 392-7831			
Action Taken By DNR <input type="checkbox"/> No Action Taken <input type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup <input checked="" type="checkbox"/> Spiller Required To Take Action; Type _____ <input type="checkbox"/> Contractor Hired By DNR; Name _____ <input type="checkbox"/> Amount Recovered _____ <input type="checkbox"/> 29.29 Enforcement _____					
Other Agencies on Scene					
Local _____					
State _____					
Federal _____					
Spill Location <input type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co. <input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop <input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery <input type="checkbox"/> Other Small Business (bark, grocery, insurance co., etc.) <input type="checkbox"/> Public Property (city, county, state, church, school, etc.) <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input checked="" type="checkbox"/> Other <u>Refinery</u>					
Spilled Substance Destination <input type="checkbox"/> Air <input 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 _____					
Person Filing This Report (print name) Steve LaValley					
Signature <i>Steve LaValley</i>				Date Signed 3-23-93	

Additional Comments:
Murphy winterized the line for marine fuels last November. With the snow cover in November no one saw that a gasket had failed resulting in the release of fuel oil. The release was detected this spring after the snow cover melted off. Murphy will submit a report.

lv