

**State of Wisconsin  
Department of Natural Resources**

**Substance Release Notification Form  
Form 4400-91 (Rev. 1-01, e-form) Page 1 of 2**

24 Hour Emergency Hotline Number: 1-800-943-0003

# 04-16-385012

<b>Date &amp; Mil. Time of Incident:</b> 12/12/01-11:07		<b>Date &amp; Mil. Time Reported</b> 12/12/01-12:03		<b>Spill File #</b> <i>04-16-408342</i>	
<b>Person Reporting</b> NRC		<b>Representing:</b> CIV Bennett		<b>Phone #</b> (800)424-8802	
<b>Responsible Party/Spiller</b> unknown		<b>RP Decision based on</b>		<b>Phone #</b> ( )	
<b>Contact Name</b> Jerry Walls				<b>Phone #</b> (218)723-2423	
<b>Address</b> USS Great Lakes Fleet- 400 Missabe Bldg.			<b>City, State, Zip Code</b> Duluth, MN - 55802190		
<b>Substance Involved</b> light oil		<b>Amount &amp; Units Released</b> 8 oz.		<b>Amount Recovered</b> none	
<input type="checkbox"/> Solid <input type="checkbox"/> Semisolid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <b>Color:</b> <b>Odor:</b>					
<b>Exact Location (Inc. address, facility name, mileage, bldg. #,etc)</b> Superior Fraiser ShipYard				<b>Property owner (if known)</b> unknown	
<b>City</b> Superior		<b>County</b> Douglas		<b>Lat/Long</b>	
<b>DNR Region</b> NOR		1/4 1/4 sec NR (E/W)		<b>Weather Cond.</b> Clear 20:F	
<b>Cause of Incident:</b> Material released out of the stern tube on the M/V "Rodger Blough" due to a seal leak					
<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 type="checkbox"/> Potential Name: <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:		<b>Spill Source:</b> <input type="checkbox"/> Transportation Accident, Fuel 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/Terrninal/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, Evacuation, Wrecking, Quarry, Mine <input type="checkbox"/> Airport Facility <input type="checkbox"/> Railroad Facility <input checked="" type="checkbox"/> Other: shipping yard		<b>Action Taken by Spiller:</b> <input checked="" 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 checked="" type="checkbox"/> Containment <input type="checkbox"/> Contractor Hired Name: <input type="checkbox"/> Other:	
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 type="checkbox"/> No <input type="checkbox"/> Potential? What kinds?					
Other agencies notified (check first column if notified) check both columns if on the scene <input type="checkbox"/> Fire Department <input checked="" type="checkbox"/> Local DNR <input type="checkbox"/> EPA <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> Div. Emerg. Mgt. <input checked="" type="checkbox"/> Nat'l Resp Ctr 800-442-8802 <input type="checkbox"/> ILEPC or Local Emer. Mgt. <input type="checkbox"/> Coast Guard <input type="checkbox"/> Chemtrec 800-424-9300 <input type="checkbox"/> Level A/Level B Team <input type="checkbox"/> DHFS 608-258-0099 <input type="checkbox"/> Other:				<b>Incident Commander, if known:</b>	
Prepared by: Merry Nelson		Phone: 608-266-2141		Date: 12/12/01	
Person Notified: John Krull		Phone: 715-392-7998		Date: 12/12/01	
Investigated by: Sign				Date	
Spill Coordinator Signoff: <i>Norman Sunban</i>				Date: <i>12/21/01</i>	
Transferred to: ERP <input type="checkbox"/>		DATCP <input type="checkbox"/> Date:		Case #	
NFA Letter Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Spill Packet Sent? <input type="checkbox"/> Yes <input type="checkbox"/> No		To:	

Additional Comments on Reverse

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NATIONAL RESPONSE CENTER - FLASH FAX  
xxxGOVERNMENT USE ONLYxxxGOVERNMENT USE ONLYxxx  
DO NOT RELEASE this information to the public without  
permission from the NATIONAL RESPONSE CENTER 1-800-424-8802

*NOR 12122001*

Incident Report # 588433

INCIDENT DESCRIPTION

xReport taken by: CIV BENNETT at 11:07 on 12-DEC-01  
Incident Type: VESSEL  
Incident Cause: EQUIPMENT FAILURE  
Affected Area: HOWARDS POCKET  
The incident was discovered on 12-DEC-01 at 09:50 local time.  
Affected Medium: WATER HOWARDS POCKET

REPORTING PARTY

Name: JERRY WALLS  
Organization: USS GREAT LAKES FLEET  
Address: 400 MISSABE BLDG  
DULUTH, MN 558021990

PRIMARY Phone: (218)7232423  
Type of Organization: PRIVATE ENTERPRISE

SUSPECTED RESPONSIBLE PARTY

Name: UNKNOWN

XX

Type of Organization: UNKNOWN

INCIDENT LOCATION

County: DOUGLAS  
City: SUPERIOR State: WI  
FRAISER SHIP YARD

RELEASED MATERIAL(S)

CHRIS Code: OTH Official Material Name: OTHER OIL  
Also Known As: LIGHT OIL ( DETE 16M )  
Qty Released: 8 OUNCE(S) Qty in Water: 8 OUNCE(S)

DESCRIPTION OF INCIDENT

THE MATERIAL RELEASED OUT OF THE STERN TUBE ON THE M/V "RODGER  
BLOUGH" DUE TO A SEAL LEAK.

INCIDENT DETAILS

Platform Rig Name:  
Platform Letter:  
Location Area ID:  
Location Block ID:  
OCSG Number:  
OCSF Number:  
State Lease Number:  
Pier Dock Number:  
Berth Slip Number:  
---SHEEN INFORMATION---  
Sheen Color: RAINBOW  
Sheen Odor Description:

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Sheen Travel Direction:  
 Sheen Size Length: 15 FEET  
 Sheen Size Width: 15 FEET  
 ---WATER INFORMATION---  
 Body of Water: HOWARDS POCKET  
 Tributary of: DELUTH SUPERIOR HARBOR  
 Nearest River Mile Marker:  
 Water Supply Contaminated: NO

---VESSEL INFORMATION---  
 Name: RODGER BLOUGH Number: 533062 Aground: NO  
 Flag: UNITED STATES OF AMERICA  
 Length: 858 Breadth: 105 Draught: 41  
 Type: FREIGHT DRY-BULK  
 Hull Construction: STEEL HULL  
 Fuel Capacity:  
 Fuel on Board:  
 Cargo Capacity:  
 Cargo on Board:

DAMAGES

Fire Involved: NO Fire Extinguished: UNKNOWN  
 INJURIES: Hospitalized: Empl/Crew: Passenger:  
 FATALITIES: Empl/Crew: Passenger: Occupant:  
 EVACUATIONS: Who Evacuated: Radius/Area:  
 Damages:

Closure Type	Description of Closure	Hours Closed	Direction of Closure
Air:	N		
Road:	N		Major N Artery:
Waterway:	N		
Track:	N		

Media Interest: NONE Community Impact due to Material: NO

REMEDIAL ACTIONS

BOOMS APPLIED, ABSORBENTS APPLIED, CLEAN UP CREW ON-SITE  
 Release Secured: YES  
 Release Rate:  
 Estimated Release Duration:

WEATHER

Weather: CLEAR, 20:F

ADDITIONAL AGENCIES NOTIFIED

Federal:  
 State/Local:  
 State/Local On Scene:  
 State Agency Number:

NOTIFICATIONS BY NRC

ATSDR MN ATTN: LARRY SOUTHER  
 12-DEC-01 12:02 (651)2150918