

04-38-039613

STATE OF WISCONSIN DEPARTMENT OF NATURAL RESOURCES

Ted Annan - SW/3

TOXIC AND HAZARDOUS INCIDENT REPORT

MAR 20 1984

STATE DIV. EMERGENCY GOVT. 608/266-3232 U.S. NAT'L. RESPONSE CENTER 800/424-8802 CHEMTREC/PESTICIDES/CHLORINE 800/424-9300

FORM 3200-49 REV. 7-79

04-38-039613

DATE OF INCIDENT 3/19/84	DAY OF WEEK Monday	TIME OF INCIDENT 8:30	REPORTED BY (NAME) Arlen Hjella - DEG to DNR - 3/19/84 9:30a.m.	TELEPHONE NUMBER /
DATE REPORTED 3/19/84	DAY OF WEEK Monday	TIME REPORTED To DEG 9:15	AGENCY OR FIRM REPORTING Ansul Fire Prot. Co.	REPORTED THRU DIV. EMERGEN. GOVT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
SUBSTANCE INVOLVED 111 trichloroethane	QUANTITY 100 gal.	UNITS	PERSON OR FIRM RESPONSIBLE Ansul Fire Prot. Co.	
SUBSTANCE INVOLVED	QUANTITY	UNITS	CONTACT NAME Geo. Rogers tll 11 a.m.	TELEPHONE NUMBER 715 / 735 - 7411
PHYSICAL CHARACTERISTICS <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID COLOR _____ <input type="checkbox"/> SEMISOLID <input type="checkbox"/> GAS ODOR <u>Yes</u>			ADDRESS 1 Stanton St. CITY, STATE, ZIP CODE Marinette, WI	
CAUSE OF INCIDENT <u>valve broke in vapor deaerator in plant</u>			ACTION TAKEN BY SPILLER NO ACTION <input type="checkbox"/> NO NOTIFICATION <input type="checkbox"/> DELAYED NOTIFICATION <input type="checkbox"/>	
EXACT LOCATION DESCRIPTION (INTERSECTION, MILEAGE, ETC.) 1 Stanton St., Marinette			CONTAINMENT; TYPE _____ CLEANUP; METHOD _____ DISPOSAL; LOCATION _____ FIRE DEPARTMENT ACTION _____ CONTRACTOR HIRED; NAME _____ OTHER ACTION _____	
COUNTY LOCATION Marinette	SURFACE WATERS AFFECTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POT			
NAME OF SURFACE WATER	NEAREST SURF. WATER	NEAREST STORM SEWER	WEATHER CONDITIONS	
GROUNDWATERS AFFECTED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POT	NEAREST WELL <input type="checkbox"/> PRIV. <input type="checkbox"/> MUNIC.		TEMPERATURE _____ °F	DIRECTION OF WIND _____
DATE DISTRICT NOTIFIED 3/19/84	DAY OF WEEK Mon.	TIME DISTRICT NOTIFIED 9:40	PRECIPITATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE INVESTIGATED	DAY OF WEEK	TIME INVESTIGATED	DIRECTION OF SPILL MOVEMENT _____	
ACTION TAKEN BY DNR <input type="checkbox"/> NO ACTION <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> 29.29 ENFORCEMENT			DISTRICT PERSON NOTIFIED Jeff Pagels	
OTHER AGENCIES ON SCENE Ansul Health & Safety inspected with their sniffers. No danger of explosion. No danger to employees			PERSON INVESTIGATING Jeff Pagels	
ADDITIONAL COMMENTS: Permit #WPDS W1001040 - substance flowed into WPDS sewer - went into industrial waste treatment plant in Ansul - after treatment it will eventually go into the Menominee River in Marinette. Still leaking - will pump remainder in barrel & send thru hazardous waste treatment.			LIST HUMAN HAZARDS OR CASUALTIES <input type="checkbox"/> REAL <input type="checkbox"/> POTENTIAL <input type="checkbox"/> NONE	
MADISON			ENVIRONMENTAL HAZARD/DAMAGE <input type="checkbox"/> REAL <input type="checkbox"/> POTENTIAL	
			VEGETATION _____ FISH _____ WILDLIFE _____ BIRDS _____ OTHER _____ NONE _____	
			PERSON FILING THIS REPORT (PRINT NAME) Ruth Williamson	
			SIGNATURE Ruth Williamson	
			DATE SIGNED 3-19-84	

Closed 3/19/84
TA 4/26/18

04-38-039613

STATE DIV. EMERGENCY GOVT. 608/266-3232
U.S. NAT'L. RESPONSE CENTER 800/424-8802
CHEMTREC/PESTICIDES/CHLORINE 800/424-9300

DATE OF INCIDENT 3/19/84	DAY OF WEEK Monday	TIME OF INCIDENT 06:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	REPORTED BY (NAME) Spiller to DEG	TELEPHONE NUMBER 1
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DATE REPORTED 11	DAY OF WEEK 11	TIME REPORTED 11 <input type="checkbox"/> AM <input type="checkbox"/> PM	AGENCY OR FIRM REPORTING Amsul Chemical	REPORTED THRU DIV. EMERGEN. GOVT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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SUBSTANCE INVOLVED H-1 Trichloroethane	QUANTITY 0.66 100 gal	UNITS gal	PERSON OR FIRM RESPONSIBLE " " c/o George Rogers
SUBSTANCE INVOLVED	QUANTITY	UNITS	CONTACT NAME 715 1735 7411

PHYSICAL CHARACTERISTICS <input type="checkbox"/> SOLID <input checked="" type="checkbox"/> LIQUID <input type="checkbox"/> SEMISOLID <input type="checkbox"/> GAS	COLOR yes	ODOR yes	ADDRESS - STREET OR ROUTE Stanton Street
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CAUSE OF INCIDENT Valve Failure	ADDRESS - STREET OR ROUTE Manomette WI 521143
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<input type="checkbox"/> TRANSP. RELATED <input checked="" type="checkbox"/> FACILITY RELATED	SPCC PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	ACTION TAKEN BY SPILLER <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> NO NOTIFICATION <input type="checkbox"/> DELAYED NOTIFICATION
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EXACT LOCATION DESCRIPTION (INTERSECTION, MILEAGE, ETC.) 15 Stanton St - Manomette	<input checked="" type="checkbox"/> CONTAINMENT; TYPE all liquid drained
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COUNTY LOCATION Manomette	1/4, 1/4, SECTION, TOWN, RANGE Manomette	<input type="checkbox"/> CLEANUP; METHOD immediately into
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DNR DISTRICT LMD	DNR AREA MAC	SURFACE WATERS AFFECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POT	DRAIN BASIN	<input type="checkbox"/> DISPOSAL; LOCATION treatment sewer
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NAME OF SURFACE WATER	NEAREST SURF. WATER FT.	NEAREST STORM SEWER FT.	WEATHER CONDITIONS
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GROUNDWATERS AFFECTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POT	NEAREST WELL <input type="checkbox"/> PRIV. <input type="checkbox"/> MUNIC. FT.	TEMPERATURE N/A OF	WIND SPEED MPH	DIRECTION OF WIND
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DATE DISTRICT NOTIFIED 3/19/84	DAY OF WEEK MON	TIME DISTRICT NOTIFIED 06:30 <input type="checkbox"/> AM <input type="checkbox"/> PM	PRECIPITATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	DIRECTION OF SPILL MOVEMENT
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DATE INVESTIGATED 11	DAY OF WEEK 11	TIME INVESTIGATED 11 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DISTRICT PERSON NOTIFIED Jeff Pagels	TELEPHONE NUMBER 714 1497 4034
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PERSON INVESTIGATING Steve Miller	TELEPHONE NUMBER 715 1732 0101
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ACTION TAKEN BY DNR <input type="checkbox"/> NO ACTION TAKEN <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> 29.29 ENFORCEMENT	LIST HUMAN HAZARDS OR CASUALTIES <input type="checkbox"/> REAL <input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> NONE
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<input type="checkbox"/> CONTAINMENT; TYPE	Vapors can be irritating
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<input type="checkbox"/> CLEANUP; METHOD	ENVIRONMENTAL HAZARD/DAMAGE <input type="checkbox"/> REAL <input checked="" type="checkbox"/> POTENTIAL
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<input type="checkbox"/> SUPERVISE CLEANUP (PERSON)	<input type="checkbox"/> VEGETATION
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<input type="checkbox"/> DISPOSAL; LOCATION	<input checked="" type="checkbox"/> FISH - trace amts could pass thru treatment system
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<input type="checkbox"/> SPILLER REQUIRED TO TAKE ACTION; TYPE	<input type="checkbox"/> WILDLIFE
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<input type="checkbox"/> CONTRACTOR HIRED BY DNR; NAME	<input type="checkbox"/> BIRDS
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<input type="checkbox"/> DNR SPILL EXPENSE SENT TO MADISON CENTRAL OFFICE.	<input type="checkbox"/> OTHER
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<input type="checkbox"/> EVIDENCE COLLECTED: <input type="checkbox"/> PHOTOGRAPHS <input type="checkbox"/> STATEMENTS OF WITNESSES <input type="checkbox"/> SAMPLES <input type="checkbox"/> OTHER	OTHER AGENCIES ON SCENE Callie's Sewer System
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LOCAL Callie's Sewer System	STATE Wisconsin	FEDERAL Wisconsin	PERSON FILING THIS REPORT (PRINT NAME) STEVEN W MILLER	SIGNATURE Steven W Miller	DATE SIGNED 3/19/84
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ADDITIONAL COMMENTS:
Spill occurred in plant. All liquid drained into Amsul's treatment system. Sewer was diluted w/ water. Any discharge would occur after passing thru treatment plant. No environmental damage anticipated.

D, Site # 200
Roll book # 14, 15, 23, 32
as ERAP # 11



SITE NAME
Ansul Company
Toxic Spill

MAP SITE NUMBER
Rd. yellow - 23

LOCATION
COUNTY
Marinette

TOWNSHIP
NW 1/4 SW 1/4 SEC 5 T 30N R 24E

STREET ADDRESS
Stanton street,
Marinette, WI.

SITE OWNER/MANAGER
ADDRESS

MUNICIPALITY
CITY VILLAGE TOWN Peshtigo

DNR PROGRAM
Solid Waste

DESCRIPTION OF HAZARDOUS SUBSTANCE/CONTAMINATION TYPE
100 gallons of Trichloroethane

COMMENTS: AMOUNT OF CONTAMINATION, DATE OF INCIDENT, CLEANUP ACTIONS TAKEN

Date: 3/19/84
Cause: Valve failure.
Cleanup: H₂O Dilute.

MARINETTE

POSTAL ZIP CODE 54143

