

Spill ID Number  
04-16-047180  
Y Y M M D D 0-99

Date of Incident <u>8/3/87</u>	Day of Week <u>Monday</u>	Time of Incident <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <u>Bill Miller</u>	Telephone Number <u>1715 1394-0251</u>
Date Reported <u>8/3/87</u>	Day of Week <u>Monday</u>	Time Reported <u>3:00</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting <u>City of Superior WWTP</u>	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved <u>Oil</u>	Quantity <u>?</u>	Units <u>?</u>	Person or Firm Responsible <u>? Oil is in a slip at Fraser Shipyard</u>	
Substance Involved	Quantity	Units	Contact Name <u>: Wells Larsen</u>	Telephone Number <u>1715 1394-7787</u>
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 <u>Fraser Shipyard, Clough Ave.</u> City, State, Zip Code <u>Superior, WI 54880</u>	
Cause of Incident <u>Unknown</u>			Action Taken By Spiller - <u>Spiller Unknown</u> <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate <input checked="" type="checkbox"/> Containment; Type <u>Boom across slip</u> <input type="checkbox"/> Cleanup; Method _____ <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.) <u>Slip on north of Fraser Buildings</u>			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 (bank, 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>slip off of St. Louis Bay</u>	
County Location <u>Douglas</u>	¼, ¼, Section, Town, Range _____, _____, T _____, N _____, R _____		Name of Surface Water <u>St. Louis Bay</u>	
DNR Dist <u>NW</u>	DNR Area <u>Brule</u>	Groundwaters Affected <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential	Date District Notified _____, _____, _____	
Surface Waters Affected <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential	Date District Notified _____, _____, _____		District Person Notified _____, _____	
Date Investigated <u>8/3/87</u>	Day of Week <u>Monday</u>	Time Investigated <u>4:00</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Telephone Number ( ) _____	
Person Investigating <u>David Sellers</u>	Telephone Number ( ) _____		Action Taken By DNR <input checked="" type="checkbox"/> No Action Taken <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup <input 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 <u>Local City of Superior WWTP</u>			Spilled Substance Destination <input type="checkbox"/> Air <input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other _____	
State _____			Person Filing This Report (print name) <u>David Sellers</u>	
Federal <u>U.S. Coast Guard</u>			Signature <u>David Sellers</u>	Date Signed <u>8/6/87</u>

Additional Comments:  
I visited the site. There was a small amount of oil along the south side of the slip. City crew could not find oil in storm sewer which discharges to the slip. I referred this to the Coast Guard. They investigated it on Aug. 3, 1987. Called it old oil.  
cc: John Plenke - Spooner, Lee Weiner Brule, SW3