

04-38-017797

State Div. Emergency Gov't. (608) 266-3232
U.S. Nat'l. Response Center (800) 424-8802
Chemtrec/Pesticides/Chlorine (800) 424-9300

Spill ID Number
921102-01
Y Y M M D D 0-99

04-38-049797

Date of Incident <u>11-2-92</u>	Day of Week <u>MON</u>	Time of Incident <u>1:30</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Reported By (Name) <u>LEONARD MOORE</u>	Telephone Number <u>(715) 735-9033</u>
Date Reported <u>11-2-92</u>	Day of Week <u>MON</u>	Time Reported <u>2:30</u>	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Agency or Firm Reporting <u>SPC</u>	Reported thru Div. Emergen. Gov't. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved <u>MONOMETHYLAMINE</u>		Quantity <u>50</u>	Units <u>#s</u>	Person or Firm Responsible <u>SPECIALTYCHEM PRODUCTS CORP</u>	
Substance Involved		Quantity	Units	Contact Name <u>LEONARD MOORE</u>	Telephone Number <u>(715) 735-9033</u>

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Address - Street or Route
2 STANTON ST

City, State, Zip Code
MARINETTE WI 54143

Cause of Incident
PUMP FAILURE

Exact Location Description (intersection, mileage, etc.) _____

Action Taken By Spiller

No Action Taken No Notification Investigate

Containment; Type _____

Cleanup; Method _____

Amount Recovered _____

Monitor _____

Contractor Hired; Name _____

Other Action _____

County Location
MARINETTE

Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Date District Notified
11-2-92

Day of Week
MON

Time District Notified
2:30

District Person Notified
OMAN

Telephone Number
(715) 732-0101

Date Investigated _____

Day of Week _____

Time Investigated _____

Person Investigating _____

Telephone Number _____

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type _____

Contractor Hired By DNR; Name _____

Amount Recovered _____

29.29 Enforcement _____

Other Agencies on Scene NOTIFIED

Local FIRE DEPT (IN CASE OF ODOUR COMPL)

State EM GOV

Federal _____

Spill Location

Industrial Facility/Paper Mill/Chem. Co.

Gas/Service Station/Garage, Auto Dealer, Repair Shop

Ag Coop/Facility/Cheese Factory/Creamery

Other Small Business (bank, grocery, insurance co., etc.)

Public Property (city, county, state, church, school, etc.)

Utility Co., Power Generating/Transfer Facility

Private Property (home/farm)

Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler

Transportation Accident, Fuel Supply Tank Spill

Transportation Accident, Load Spill

Construction, Excavation, Wrecking, Quarry, Mine

Other _____

Spilled Substance Destination

Air

Soil

Groundwater

Surface Water

Storm Sewer

Sanitary Sewer

Contained/Recovered

Other _____

Person Filing This Report (print name)
BRUCE OMAN

Signature Bruce Oman Date Signed 11/2/92

Additional Comments:
PUMP FAILURE CAUSED BYPASS OF SCRUBBER IN BUILDING 52 AND DIRECT RELEASE TO ATMOSPHERE. COMPANY INTENDS TO PURCHASE BACK-UP AMP TO PREVENT RECURRENCE. RELEASE LASTED ABOUT 30 MINUTES.

Closed 11/2/92 RA 11/26/18

RECEIVED
NOV 12 1992
BUREAU OF SOLID HAZARDOUS WASTE MANAGEMENT

SUBSTANCE SPILL/RELEASE ALERT FORM

Spill No./Notification Date and Military Time <u>9211021425</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>9211021330</u> YY MM DD TIME County: <u>Marinette</u>
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REPORTING INFORMATION

Reported by: <u>Leonard Moore</u> (name) Address _____ City _____ State _____ Zip _____ Telephone _____	Person/Firm Responsible: <u>Specialty Chem Products Corp</u> Address <u>2 Stanton St</u> City <u>Marinette</u> State <u>WI</u> Zip <u>54143</u> Telephone <u>715-735-9033</u>
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Spill Contact Person/Firm: <u>same</u> (if different from above) Telephone _____	Address _____ City _____ State _____ Zip _____
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SUBSTANCE INFORMATION

Name of Substance/ Quantity Involved: <u>Monomethylamine 50 lbs</u>	<input type="checkbox"/> EHS Chemical <input checked="" type="checkbox"/> CERCLA Chemical <input type="checkbox"/> Unknown
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CAS #	Placard #	Quantity	Radio-					Color	Odor	
			Solid	Powder	Liquid	Vapor	Gas			
_____	_____	_____	<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, Inter-section, Mileage, etc.): <u>2 Stanton St Marinette</u>
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Source of Spill <input type="checkbox"/> Transportation <input checked="" 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 _____ Weather Conditions _____ Wind Speed and Direction _____ <input type="checkbox"/> Rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Other: _____	Spill Destination <input type="checkbox"/> Soil <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Potential Name: _____ <input type="checkbox"/> Ground Water <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Potential Distance to nearest drinking water well: _____ feet
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PUBLIC HEALTH INFORMATION

Recommended safety precautions (known acute/chronic health risks): _____ _____
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	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 Maurinette notified them to let know of occurrence but didn't come to scene Incident Commander Name _____ Title _____ Dept. _____ Telephone _____

Law Enforcement _____

DNR _____

County EG _____

EMS _____

Other: _____ 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 checked="" type="checkbox"/> Dist. Dept. of Natural Resources (DNR)	_____	_____
<input type="checkbox"/> Loc. Emer. Planning Committee (LEPC)	_____	_____
<input type="checkbox"/> Local Public Health	_____	_____
<input type="checkbox"/> CHEMTREC	1-800-424-9300	_____
<input type="checkbox"/> National Response Center (NRC)	_____	_____

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

pump failure on an absorber

DEG DUTY OFFICER CONTACTS

Agency	Telephone Number	Contact Name
<input checked="" type="checkbox"/> DNR (days)	(608) 266-2141	<u>Jay 11/2 2:35 pm</u>
<input type="checkbox"/> DNR (Duty Officer pager)	_____	_____
<input type="checkbox"/> DOT/State Patrol	(608) 246-3228	_____
<input type="checkbox"/> DH&SS	(608) 266-2830	_____
<input type="checkbox"/> DILHR	_____	_____
<input type="checkbox"/> DATCP	_____	_____
<input type="checkbox"/> NRC	1-800-424-8802	_____
<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.

John De Muth Signature of DEG Duty Officer _____ Signature of Preparer _____